

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan <u>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/1951</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>01/01/1951</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>01/01/1951</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PREMIER HEALTH</u> <u>110 N. MAIN STREET</u> <u>SUITE 1220</u> <u>DAYTON, OH 45402</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>31-1446699</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>937-499-5437</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>622000</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>31-1446699</u>	2c	Plan Sponsor's telephone number <u>937-499-5437</u>	2d	Business code (see instructions) <u>622000</u>
2b	Employer Identification Number (EIN) <u>31-1446699</u>						
2c	Plan Sponsor's telephone number <u>937-499-5437</u>						
2d	Business code (see instructions) <u>622000</u>						

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	BARBARA JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor BARBARA A JOHNSON SYSTEM VP CHIEF HR OFFICER 110 N. MAIN STREET SUITE 1220 DAYTON, OH 45402	3b Administrator's EIN 31-1446699 3c Administrator's telephone number 937-499-5437
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 17716
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 11638
a(2) Total number of active participants at the end of the plan year	6a(2) 11138
b Retired or separated participants receiving benefits	6b 3038
c Other retired or separated participants entitled to future benefits	6c 3501
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 17677
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 170
f Total. Add lines 6d and 6e	6f 17847
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 458
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PREMIER HEALTH</u>	D Employer Identification Number (EIN) <u>31-1446699</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
---	---

Part I	Basic Information
---------------	--------------------------

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>634786597</u>	
b Actuarial value	2b	<u>649624987</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>2924</u>	<u>184670162</u>	<u>184670162</u>
b For terminated vested participants	<u>3154</u>	<u>71511137</u>	<u>71511137</u>
c For active participants	<u>11638</u>	<u>268286137</u>	<u>275349653</u>
d Total	<u>17716</u>	<u>524467436</u>	<u>531530952</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.91 %</u>	
6 Target normal cost	6	<u>27814238</u>	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
<u>JASON M. BRAVO</u>	Signature of actuary	<u>09/24/2018</u>
<u>AON CONSULTING, INC.</u>	Type or print name of actuary	Date
<u>5005 ROCKSIDE ROAD INDEPENDENCE, OH 44131</u>	Firm name	<u>17-05569</u>
	Address of the firm	Most recent enrollment number
		<u>216-573-9700</u>
		Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	103521110
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	103521110
10 Interest on line 9 using prior year's actual return of <u>6.75</u> %	0	6987675
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		32595863
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.10</u> %		1988348
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		34584211
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	110508785

Part III Funding Percentages

14 Funding target attainment percentage	14	101.42%
15 Adjusted funding target attainment percentage	15	122.21%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.65%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2018	9100000	0			
Totals ►			18(b)	9100000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	8253048

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	27814238	
b Excess assets, if applicable, but not greater than line 31a	31b	7585250	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	20228988	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	11975940	11975940
36 Additional cash requirement (line 34 minus line 35)	36	8253048	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	8253048	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH	D Employer Identification Number (EIN) 31-1446699	

Part I	Service Provider Information (see instructions)
--------	---

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO
33-0629048
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX
94-1441976
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD
23-2376849
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
EATON VANCE
74-6066759

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	1367572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	514437	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

LEGAL & GENERAL

71 SOUTH WACKER DRIVE
SUITE 800
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	425230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PAVILLION ADVISORY GROUP

227 W MONROE ST
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	203836	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

STATE STREET BANK & TRUST

31-1040228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50 51 52 64	TRUSTEE	167369	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

WELLS CAPITAL MANAGEMENT

525 MARKET STREET
10TH FLOOR
SAN FRANCISCO, CA 94105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	36618	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	21224	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CLARK, SCHAEFER, HACKETT & CO.

31-0800053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	6300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PREMIER HEALTH</u>	D Employer Identification Number (EIN) <u>31-1446699</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P 500 FLAGSHIP FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>74457163</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EATON VANCE EME CL I</u>		
b Name of sponsor of entity listed in (a): <u>EATON VANCE TRUST COMPANY</u>		
c EIN-PN <u>32-0225130-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CTF GLOBAL SELECT CAP</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>20-5853753-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55493456</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PREMIER HEALTH</u>	D Employer Identification Number (EIN) <u>31-1446699</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	<u>0</u>	<u>2543792</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>36000000</u>	<u>9100000</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	<u>2977861</u>	<u>2779223</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>76575937</u>	<u>19418249</u>
(2) U.S. Government securities.....	1c(2)	<u>5584900</u>	<u>175790240</u>
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	<u>117488796</u>	<u>128616707</u>
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	<u>137049462</u>	<u>129950619</u>
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>128663601</u>	<u>98968990</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	<u>132443351</u>	<u>135687322</u>

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	636783908 702855142
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	581522 707234
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	581522 707234
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	636202386 702147908

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	9100000
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	9100000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	379754
	(B) U.S. Government securities	2b(1)(B)	624003
	(C) Corporate debt instruments	2b(1)(C)	5588515
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	569333
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	7161605
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3583665
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	3583665
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	24115978
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	24115978

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		32208304
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		21803587
c Other income	2c		68562
d Total income. Add all income amounts in column (b) and enter total.....	2d		98041701

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	28147956	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		28147956
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1737558	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	976284	
(4) Other	2i(4)	1234381	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3948223
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		32096179

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		65945522
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLARK, SCHAEFER, HACKETT & CO.

(2) EIN: 31-0800053

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4072158. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH		D Employer Identification Number (EIN) 31-1446699
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3581074 31-6162942		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 555
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 47.6% Investment-Grade Debt: 50.1% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 2.3%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Premier Health Partners Employees Retirement Plan

**Financial Statements and Supplemental Schedules
December 31, 2017 and 2016
(with Independent Auditors' Report)**

Premier Health Partners Employees Retirement Plan

	Contents
Independent Auditors' Report	1-2
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-11
Supplemental Schedules:	
Schedule of Assets (Held at End of Year)	12-18
Schedule of Reportable Transactions	19

INDEPENDENT AUDITORS' REPORT

To the Participants and Trustees
Premier Health Partners Employees Retirement Plan
Dayton, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of the Premier Health Partners Employees Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above, present fairly, in all material respects, the financial status of the Plan as of December 31, 2017 and 2016 and its financial status as of December 31, 2017 and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2017 and schedule of reportable transactions for the year ended December 31, 2017 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
October 8, 2018

Premier Health Partners Employees Retirement Plan

Statements of Net Assets Available for Benefits December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets		
Investments at fair value:		
Cash	\$ 2,543,792	\$ -
Money market fund	19,418,249	76,575,937
Mutual funds	98,968,990	128,663,601
Common collective trust funds	129,950,619	137,049,462
U.S. government and agency securities	162,700,178	2,920,933
Foreign government securities	4,380,249	-
Municipal bonds	8,709,813	2,663,967
Corporate bond obligations	128,616,707	117,488,796
Limited partnerships	<u>135,687,322</u>	<u>132,443,351</u>
Total investments at fair value	690,975,919	597,806,047
Contributions receivable	9,100,000	36,000,000
Due from broker for securities sold	482,056	1,335,382
Accrued interest and dividends	<u>2,297,167</u>	<u>1,642,479</u>
Total assets	702,855,142	636,783,908
Liabilities		
Accrued liabilities	<u>707,234</u>	<u>581,522</u>
Net assets available for benefits	\$ <u>702,147,908</u>	\$ <u>636,202,386</u>

Premier Health Partners Employees Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Additions to net assets		
Contributions - Employer	\$ <u>9,100,000</u>	\$ <u>36,000,000</u>
Investment income:		
Interest and dividends	11,314,822	9,260,634
Net appreciation in fair value of investments	<u>77,626,879</u>	<u>21,829,190</u>
Total investment income	<u>88,941,701</u>	<u>31,089,824</u>
Total additions	<u>98,041,701</u>	<u>67,089,824</u>
Deductions from net assets		
Benefits paid to participants	28,147,956	44,900,218
Administrative expenses	<u>3,948,223</u>	<u>3,180,647</u>
Total deductions	<u>32,096,179</u>	<u>48,080,865</u>
Net increase	65,945,522	19,008,959
Net assets available for benefits		
Beginning of year	<u>636,202,386</u>	<u>617,193,427</u>
End of year	\$ <u><u>702,147,908</u></u>	\$ <u><u>636,202,386</u></u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2017 and 2016

Note 1 - Plan Description

The following description of Premier Health Partners Employees Retirement Plan (the Plan), provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit plan covering certain full-time employees of Premier Health Partners (the Corporation) who are age 21 or older and which provides for retirement, death, and disability benefits.

Eligibility and Vesting - Employees become participants in the Plan following completion of the eligibility requirements as described in the Plan and are fully vested for normal retirement benefits after three years of service.

Funding - Contributions are made by the Corporation in actuarially determined amounts. The Corporation's policy is to make contributions necessary to satisfy Employee Retirement Income Security Act of 1974 (ERISA) funding standards. All minimum funding requirements were met during 2017 and 2016.

Payment of Benefits - Distributions are payable upon retirement, death, disability, or termination of employment in the form of various installment annuities or lump-sum payments.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by State Street Bank and Trust Company or its affiliates. State Street Bank and Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Certain administrative costs are paid by the Corporation and are excluded from these financial statements.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- Retired or terminated employees or their beneficiaries
- Beneficiaries of employees who have died
- Present employees or their beneficiaries

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

Benefits for retired or terminated employees or their beneficiaries are based on the employee's number of years of credited service. Beginning January 1, 2008, a cash balance formula, with compensation and interest credits, is being calculated to accumulate benefits for new participants entering the Plan and existing participants electing to participate. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The Plan was restated effective January 1, 2018 to freeze all legacy pension formulas. At that time, legacy pension participants began earning benefits under the cash balance formula, as provided in the restated plan document.

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by consulting actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2017 are summarized as follows:

Actuarial cost method	- Standard unit credit
Assumed rate of return	- 4.30 percent
Mortality basis	- 2006 base rates from RP-2014 blue collar table, projected generationally from 2006 using Scale MP-2017 (healthy); 2006 base rates from RP-2014 disabled table, projected generationally from 2006 using Scale MP-2017 (disabled)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statement of net assets available for benefits.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

Reclassifications - Certain amounts in the 2016 statements have been reclassified to conform to the 2017 presentation.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 8, 2018, which is the date the financial statements were available to be issued.

Note 3 - Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of January 1, 2017, the most recent actuarial valuations, are as follows:

	<u>2017</u>
Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits:	
Participants currently receiving benefit payments	\$ 208,724,690
Other vested participants	<u>432,854,184</u>
Total vested benefits	641,578,874
Nonvested benefits	<u>2,217,165</u>
Total actuarial present value of accumulated plan benefits	\$ <u>643,796,039</u>
Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	\$ <u>615,400,378</u>
Increase (decrease) during the year attributable to:	
Interest accumulation	27,406,013
Benefits paid	(44,900,219)
Change of assumptions	13,878,541
Benefits accumulated	<u>32,011,326</u>
Net increase	<u>28,395,661</u>
Actuarial Present Value of Accumulated Plan Benefits - End of year	\$ <u>643,796,039</u>

Significant assumption changes in 2017 were as follows: a change in the discount rate from 4.62 percent to 4.30 percent; a change in the healthy mortality assumption from the RP-2014 blue collar generational with Social Security improvement scale (SS2014INT) to the 2006 base rates from RP-2014 blue collar table, projected generationally from 2006 using Scale MP-2017; and a change in the disabled mortality assumption from the RP-2014 disabled table generational with Social Security improvement scale (SS2014INT) to the 2006 base rates from RP-2014 disabled table, projected generationally from 2006 using scale MP-2017.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2017 and 2016

Note 4 - Plan Termination

While it has not expressed any intent to do so, the Corporation has the right under the Plan to terminate the Plan subject to the provisions set forth in the Plan and ERISA. Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value. Following are the three levels of the fair value hierarchy:

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and other inputs such as interest rates and yield curves that are observable for the asset.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2017 and 2016.

Cash and money market fund: Valued based on quoted market prices.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. The mutual funds held by the Plan are deemed to be actively traded.

Note 6 - Fair Value Measurements (Continued)

Common collective trust funds: Valued at the net asset value (NAV) of units of the collective trust, which is based on the value of its underlying investments. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The investment objectives of the common collective trust funds include: to attain high investment returns, to preserve capital, or to attain certain performance levels based on different tolerance levels or indices.

U.S. government and agency securities, foreign government securities, municipal bonds, and corporate bond obligations: Valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

Limited partnerships: Valued at the net asset value (NAV) of units of the limited partnership, which is based on the value of its underlying investments. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The investment objectives of the limited partnership funds include: to attain high investment returns, to achieve a long-term rate of return to outperform specified indices or to attain certain performance levels based on different tolerance levels.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers during 2017 and 2016.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2017 and 2016

Note 6 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2017 and 2016.

<u>December 31, 2017</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Assets in fair value hierarchy:					
Cash	\$ 2,543,792	\$	\$	\$	2,543,792
Money market fund	19,418,249	-	-	-	19,418,249
Mutual funds	98,968,990	-	-	-	98,968,990
U.S. government and agency securities	-	162,700,178	-	-	162,700,178
Foreign government securities	-	4,380,249	-	-	4,380,249
Municipal bonds	-	8,709,813	-	-	8,709,813
Corporate bond obligations	-	128,616,707	-	-	128,616,707

Investments at NAV:

Common collective trust funds	-	-	-	129,950,619	129,950,619
Limited partnerships	-	-	-	135,687,322	135,687,322

Investments at fair value	\$ <u>120,931,031</u>	\$ <u>304,406,947</u>	\$ <u>-</u>	\$ <u>265,637,941</u>	\$ <u>690,975,919</u>
---------------------------	-----------------------	-----------------------	-------------	-----------------------	-----------------------

<u>December 31, 2016</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Assets in fair value hierarchy:					
Money market fund	\$ 76,575,937	\$ -	\$ -	\$ -	76,575,937
Mutual funds	128,663,601	-	-	-	128,663,601
U.S. government and agency securities	-	2,920,933	-	-	2,920,933
Municipal bonds	-	2,663,967	-	-	2,663,967
Corporate bond obligations	-	117,488,796	-	-	117,488,796

Investments at NAV:

Common collective trust funds	-	-	-	137,049,462	137,049,462
Limited partnerships	-	-	-	132,443,351	132,443,351

Investments at fair value	\$ <u>205,239,538</u>	\$ <u>123,073,696</u>	\$ <u>-</u>	\$ <u>269,492,813</u>	\$ <u>597,806,047</u>
---------------------------	-----------------------	-----------------------	-------------	-----------------------	-----------------------

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2017 and 2016

Note 6 - Fair Value Measurements (Continued)

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2017 and 2016.

<u>December 31, 2017</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>
Common collective trust funds	\$ 129,950,619	n/a	Daily, Monthly
Limited partnerships	135,687,322	n/a	Daily, Monthly, Bi-Monthly, Quarterly, Bi-annually, Biennially
<u>December 31, 2016</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>
Common collective trust funds	\$ 137,049,462	n/a	Daily, Monthly
Limited partnerships	132,443,351	n/a	Daily, Monthly, Bi-Monthly, Quarterly, Bi-annually

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	CASH	Cash		2,543,792	\$ 2,543,792	\$ 2,543,792
*	STATE STREET SHORT TERM INV FD	Money Market Fund	12/31/2030	19,418,249	19,418,249	19,418,249
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		2,980,241	35,566,173	41,306,134
	VANGUARD DEVELOPED MARKETS IND	Mutual Fund		1,985,019	23,484,776	28,643,827
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		409,989	17,992,854	29,019,029
					77,043,803	98,968,990
	S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		115,560	49,736,438	74,457,163
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		2,605,327	35,723,375	55,493,456
					85,459,813	129,950,619
	STRIP PRINC	US Government & Agency Security	2/15/2046	9,995,000	4,560,218	4,564,117
	STRIP PRINC	US Government & Agency Security	2/15/2045	7,000,000	3,245,620	3,290,770
	STRIP PRINC	US Government & Agency Security	5/15/2045	7,000,000	3,221,960	3,272,290
	STRIPS	US Government & Agency Security	2/15/2032	32,000,000	22,198,440	22,084,800
	STRIPS	US Government & Agency Security	11/15/2031	21,250,000	14,958,622	14,772,575
	US TREASURY N/B	US Government & Agency Security	8/15/2047	2,205,000	2,187,535	2,207,756
	US TREASURY N/B	US Government & Agency Security	11/15/2027	255,000	252,304	251,405
	US TREASURY N/B	US Government & Agency Security	11/15/2047	52,000,000	52,146,250	52,085,280
	US TREASURY N/B	US Government & Agency Security	2/15/2029	1,500,000	1,966,647	1,910,280
	US TREASURY N/B	US Government & Agency Security	8/15/2047	19,885,000	19,423,823	19,909,856
	US TREASURY N/B	US Government & Agency Security	5/15/2047	12,040,000	12,738,202	12,658,495
	US TREASURY N/B	US Government & Agency Security	11/15/2027	26,060,000	25,806,944	25,692,554
					162,706,565	162,700,178
	REPUBLIC OF CHILE	Foreign Government Security	6/21/2047	175,000	174,721	179,725
	REPUBLIC OF COLOMBIA	Foreign Government Security	2/26/2044	425,000	445,060	486,625
	REPUBLIC OF COLOMBIA	Foreign Government Security	6/15/2045	660,000	649,676	697,950
	REPUBLIC OF PANAMA	Foreign Government Security	5/15/2047	145,000	144,981	156,092
	REPUBLICA ORIENT URUGUAY	Foreign Government Security	6/18/2050	595,000	552,071	660,450
	SAUDI INTERNATIONAL BOND	Foreign Government Security	10/4/2047	705,000	700,700	720,017
	UNITED MEXICAN STATES	Foreign Government Security	1/15/2047	575,000	506,555	549,125
	UNITED MEXICAN STATES	Foreign Government Security	10/12/2099	605,000	566,682	644,325
	UNITED MEXICAN STATES	Foreign Government Security	1/23/2046	290,000	261,870	285,940
					4,002,316	4,380,249
	BAY AREA CA TOLL AUTH TOLL BRI	Municipal Bond	4/1/2049	585,000	792,400	864,232
	CALIFORNIA ST	Municipal Bond	4/1/2034	500,000	709,925	740,410
	CALIFORNIA ST	Municipal Bond	4/1/2039	1,000,000	1,487,070	1,573,610
	CALIFORNIA ST	Municipal Bond	11/1/2040	30,000	44,433	47,908
	LOS ANGELES CA CMNTY CLG DIST	Municipal Bond	8/1/2049	265,000	386,132	411,325
	LOS ANGELES CA DEPT WTR PWR	Municipal Bond	7/1/2039	525,000	653,819	692,675
	LOS ANGELES CA UNIF SCH DIST	Municipal Bond	7/1/2034	350,000	471,422	483,392
	MASSACHUSETTS ST	Municipal Bond	12/1/2039	500,000	611,120	637,065
	N TX TOLLWAY AUTH REVENUE	Municipal Bond	1/1/2049	300,000	426,153	456,387
	NEW JERSEY ST TURNPIKE AUTH	Municipal Bond	1/1/2040	600,000	875,988	926,112
	PORT AUTH OF NEW YORK NEW JE	Municipal Bond	10/1/2062	700,000	712,174	808,311
	TEXAS ST TRANSPRTN COMMISSION	Municipal Bond	4/1/2030	300,000	350,598	360,432
	UNIV OF TEXAS TX PERMANENT UNI	Municipal Bond	7/1/2039	550,000	669,405	707,954
					8,190,639	8,709,813
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	2/15/2041	320,000	370,294	424,813
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	12/1/2045	320,000	445,971	507,651
	3M COMPANY	Corporate Bond Obligation	10/15/2047	130,000	128,775	133,415
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2026	170,000	175,113	174,568
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2046	630,000	676,118	722,295
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	195,000	193,937	208,948
	ABBVIE INC	Corporate Bond Obligation	5/14/2035	610,000	600,161	669,987
	ABBVIE INC	Corporate Bond Obligation	5/14/2045	145,000	159,558	162,586
	AEP TEXAS INC	Corporate Bond Obligation	10/1/2047	80,000	79,080	82,253
	AETNA INC	Corporate Bond Obligation	5/15/2042	25,000	24,408	26,775
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	400,000	476,175	533,484
	ALEXANDRIA REAL ESTATE E	Corporate Bond Obligation	1/15/2026	165,000	171,092	172,884

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	ALLERGAN FUNDING SCS	Corporate Bond Obligation	3/15/2045	132,000	135,533	140,522
	ALLERGAN FUNDING SCS	Corporate Bond Obligation	6/15/2044	215,000	212,622	230,142
	ALTRIA GROUP INC	Corporate Bond Obligation	9/16/2046	280,000	268,796	277,847
	ALTRIA GROUP INC	Corporate Bond Obligation	8/9/2042	280,000	277,007	293,854
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2037	445,000	443,892	472,190
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2047	605,000	600,529	652,021
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	3/30/2040	340,000	402,203	432,041
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/16/2044	670,000	667,242	721,657
	AMERICAN INTL GROUP	Corporate Bond Obligation	2/15/2024	240,000	249,161	253,584
	AMGEN INC	Corporate Bond Obligation	5/1/2045	125,000	129,697	136,005
	AMGEN INC	Corporate Bond Obligation	6/15/2051	510,000	529,650	570,440
	ANADARKO FINANCE CO	Corporate Bond Obligation	5/1/2031	655,000	822,352	840,758
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	9/15/2036	75,000	84,658	91,861
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	3/15/2046	200,000	246,278	257,256
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	3/15/2026	40,000	39,876	44,879
	ANHEUSER BUSCH INBEV FIN	Corporate Bond Obligation	2/1/2036	585,000	586,743	654,118
	ANHEUSER BUSCH INBEV FIN	Corporate Bond Obligation	2/1/2046	1,435,000	1,502,792	1,663,151
	ANTHEM INC	Corporate Bond Obligation	5/15/2042	100,000	99,292	108,951
	ANTHEM INC	Corporate Bond Obligation	12/1/2047	565,000	570,647	600,731
	APACHE CORP	Corporate Bond Obligation	4/15/2043	155,000	156,387	159,300
	APACHE CORP	Corporate Bond Obligation	2/1/2042	45,000	47,933	48,722
	APACHE CORP	Corporate Bond Obligation	9/1/2040	60,000	63,198	63,923
	APACHE CORP	Corporate Bond Obligation	1/15/2044	30,000	28,398	29,063
	APPLE INC	Corporate Bond Obligation	2/23/2046	685,000	723,473	802,162
	APPLE INC	Corporate Bond Obligation	8/4/2046	150,000	147,190	156,326
	APPLE INC	Corporate Bond Obligation	5/4/2043	805,000	809,708	836,363
	APPLE INC	Corporate Bond Obligation	2/9/2047	35,000	34,929	38,893
	APPLE INC	Corporate Bond Obligation	9/12/2047	35,000	34,651	35,868
	AT+T INC	Corporate Bond Obligation	6/15/2044	495,000	498,688	489,595
	AT+T INC	Corporate Bond Obligation	2/14/2050	245,000	244,866	248,053
	AT+T INC	Corporate Bond Obligation	6/15/2045	70,000	61,174	64,582
	AT+T INC	Corporate Bond Obligation	5/15/2035	750,000	749,074	745,553
	AT+T INC	Corporate Bond Obligation	8/15/2041	625,000	735,794	679,256
	AT+T INC	Corporate Bond Obligation	8/14/2058	385,000	384,099	386,263
	AT+T INC	Corporate Bond Obligation	9/1/2040	540,000	540,257	569,857
	AT+T INC	Corporate Bond Obligation	3/1/2047	325,000	350,736	347,350
	AT+T INC	Corporate Bond Obligation	11/15/2046	754,000	765,310	770,611
	AT+T INC	Corporate Bond Obligation	5/15/2046	30,000	28,993	29,342
	AT+T INC	Corporate Bond Obligation	3/1/2041	210,000	223,451	247,716
	BAKER HUGHES LLC/CO OBL	Corporate Bond Obligation	12/15/2047	200,000	200,000	203,414
	BANCO SANTANDER SA	Corporate Bond Obligation	2/23/2028	150,000	149,308	150,021
	BANK OF AMERICA CORP	Corporate Bond Obligation	10/21/2027	1,255,000	1,181,055	1,245,362
	BANK OF AMERICA CORP	Corporate Bond Obligation	1/21/2044	110,000	116,922	132,878
	BANK OF AMERICA CORP	Corporate Bond Obligation	7/21/2028	40,000	40,000	40,658
	BANK OF AMERICA CORP	Corporate Bond Obligation	12/20/2028	275,000	272,980	275,061
	BANK OF AMERICA NA	Corporate Bond Obligation	10/15/2036	405,000	494,675	528,152
	BANK ONE CORP	Corporate Bond Obligation	4/29/2027	150,000	184,854	200,597
	BARCLAYS PLC	Corporate Bond Obligation	1/10/2047	430,000	429,600	477,158
	BARRICK PD AU FIN PTY LT	Corporate Bond Obligation	10/15/2039	115,000	127,862	143,457
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2047	1,005,000	1,012,118	1,058,175
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2037	370,000	380,974	388,537
	BAXALTA INC	Corporate Bond Obligation	6/23/2045	475,000	504,293	553,579
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	192,000	229,841	251,543
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2043	185,000	186,160	206,828
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2042	180,000	177,694	202,837
	BERKSHIRE HATHAWAY INC	Corporate Bond Obligation	2/11/2043	60,000	59,212	69,143
	BHP BILLITON FIN USA LTD	Corporate Bond Obligation	9/30/2043	90,000	102,606	110,345
	BOEING CO	Corporate Bond Obligation	3/15/2039	370,000	527,918	544,144
	BROADCOM CRP / CAYMN FI	Corporate Bond Obligation	1/15/2027	530,000	527,777	521,547
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	90,000	95,617	107,886
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	235,000	234,446	255,372
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2037	175,000	224,185	234,582
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	245,000	308,607	319,245
	CANADIAN NATL RESOURCES	Corporate Bond Obligation	6/1/2047	300,000	302,512	335,742
	CANADIAN PACIFIC RR CO	Corporate Bond Obligation	9/15/2115	920,000	1,089,540	1,228,347

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	CARDINAL HEALTH INC	Corporate Bond Obligation	9/15/2045	130,000	132,253	139,731
	CATERPILLAR INC	Corporate Bond Obligation	5/15/2064	550,000	597,421	646,311
*	CATHOLIC HEALTH INITIATI	Corporate Bond Obligation	11/1/2042	335,000	320,662	323,402
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	10/23/2035	710,000	809,443	829,017
	CITIGROUP INC	Corporate Bond Obligation	10/27/2028	635,000	635,091	637,997
	CITIGROUP INC	Corporate Bond Obligation	9/29/2027	505,000	511,045	534,644
	CITIGROUP INC	Corporate Bond Obligation	6/15/2032	445,000	538,254	567,077
	CITIGROUP INC	Corporate Bond Obligation	3/9/2026	265,000	271,996	282,018
	CITIGROUP INC	Corporate Bond Obligation	11/20/2026	105,000	105,535	109,801
	CITIGROUP INC	Corporate Bond Obligation	1/10/2028	115,000	118,166	119,034
	CITIGROUP INC	Corporate Bond Obligation	10/21/2026	165,000	156,194	163,711
	CITIGROUP INC	Corporate Bond Obligation	5/18/2046	170,000	169,076	187,400
	CITIGROUP INC	Corporate Bond Obligation	7/24/2028	235,000	237,283	238,419
	CODELCO INC	Corporate Bond Obligation	8/1/2047	260,000	259,321	279,406
	CODELCO INC	Corporate Bond Obligation	7/17/2042	235,000	217,397	243,131
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	215,000	252,874	268,359
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	515,000	523,224	561,335
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	60,000	59,774	64,109
	COMCAST CORP	Corporate Bond Obligation	11/1/2047	610,000	605,327	630,179
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	300,000	300,000	305,430
	CONOCOPHILLIPS	Corporate Bond Obligation	2/1/2039	265,000	352,363	370,849
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	190,000	204,942	249,681
	CONOCOPHILLIPS HLDG CO	Corporate Bond Obligation	4/15/2029	300,000	382,305	394,023
	CONSOLIDATED EDISON CO O	Corporate Bond Obligation	12/1/2039	325,000	400,371	411,720
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	5/9/2047	110,000	109,515	120,657
	CRED SUIS GP FUN LTD	Corporate Bond Obligation	5/15/2045	60,000	67,219	69,062
	CREDIT SUISSE GROUP AG	Corporate Bond Obligation	1/9/2028	710,000	709,499	740,246
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	200,000	214,536	229,218
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	241,294	289,972	295,727
	DELL INT LLC / EMC CORP	Corporate Bond Obligation	7/15/2046	420,000	499,097	541,187
	DEUTSCHE TELEKOM INT FIN	Corporate Bond Obligation	6/15/2030	240,000	344,814	355,102
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	4/15/2032	235,000	265,125	322,246
	DIAGEO CAPITAL PLC	Corporate Bond Obligation	4/29/2043	340,000	325,122	355,800
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2047	450,000	450,157	469,674
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2037	165,000	164,835	170,955
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	150,000	171,854	203,279
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	670,000	667,315	690,040
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	6/15/2038	100,000	132,539	140,737
	DUKE ENERGY INDIANA INC	Corporate Bond Obligation	8/15/2038	525,000	691,887	721,046
	DUKE ENERGY INDIANA INC	Corporate Bond Obligation	7/15/2043	130,000	129,411	156,428
	DUKE ENERGY PROGRESS INC	Corporate Bond Obligation	5/15/2042	100,000	99,504	108,299
	DUKE REALTY LP	Corporate Bond Obligation	4/15/2023	145,000	146,979	148,532
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2035	195,000	200,169	215,329
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2045	490,000	501,439	555,944
	EMERA US FINANCE LP	Corporate Bond Obligation	6/15/2046	230,000	251,728	251,809
	ENERGY TRANSFER LP	Corporate Bond Obligation	10/1/2043	115,000	122,153	122,271
	ENERGY TRANSFER LP	Corporate Bond Obligation	12/15/2045	220,000	230,329	238,902
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2047	300,000	298,066	297,678
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2035	330,000	329,373	326,433
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2045	320,000	312,035	311,152
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	415,000	413,419	451,744
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2025	255,000	258,675	262,931
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	5/15/2046	25,000	25,858	27,545
	EXELON CORP	Corporate Bond Obligation	4/1/2032	485,000	638,842	638,095
	EXELON GENERATION CO LLC	Corporate Bond Obligation	6/15/2042	135,000	145,306	148,023
	EXPRESS SCRIPTS HOLDING	Corporate Bond Obligation	7/15/2046	570,000	536,327	606,360
	EXPRESS SCRIPTS HOLDING	Corporate Bond Obligation	3/1/2027	140,000	130,963	137,383
	FIRSTENERGY CORP	Corporate Bond Obligation	7/15/2047	130,000	129,180	145,079
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	2/1/2038	305,000	389,573	407,678
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2044	315,000	313,960	344,427
	FORD MOTOR COMPANY	Corporate Bond Obligation	12/8/2046	140,000	140,000	152,349
	FORD MOTOR COMPANY	Corporate Bond Obligation	7/16/2031	810,000	1,027,352	1,058,840
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	2,071,000	2,127,801	2,241,360
	GENERAL ELECTRIC CO	Corporate Bond Obligation	3/15/2032	392,000	479,881	536,993
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/10/2039	300,000	401,330	432,297

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2038	345,000	346,695	367,822
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2036	675,000	771,264	822,413
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	85,000	94,699	100,680
	GEORGIA POWER COMPANY	Corporate Bond Obligation	3/15/2042	250,000	254,623	265,815
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	310,000	322,456	358,589
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2036	135,000	129,600	142,821
	GILEAD SCIENCES INC	Corporate Bond Obligation	2/1/2045	80,000	79,420	88,914
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2035	320,000	332,330	360,566
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/15/2033	675,000	780,018	860,328
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/21/2045	105,000	109,866	120,278
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/8/2044	300,000	317,873	342,168
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/1/2041	450,000	577,469	606,420
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	135,000	134,122	156,553
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/31/2038	165,000	165,000	169,684
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	11/16/2026	400,000	394,645	402,340
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	190,000	215,994	254,341
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2045	680,000	732,975	780,885
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2035	320,000	344,093	358,989
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	4/15/2043	200,000	203,262	214,328
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	3/30/2040	490,000	606,524	681,590
	HOMEDEPOT INC	Corporate Bond Obligation	6/15/2047	150,000	154,773	158,190
	HOMEDEPOT INC	Corporate Bond Obligation	3/15/2045	115,000	113,214	130,233
	HOMEDEPOT INC	Corporate Bond Obligation	4/1/2046	205,000	204,485	228,944
	HSBC BANK USA NA	Corporate Bond Obligation	1/15/2039	165,000	219,744	243,797
	HSBC BANK USA NA	Corporate Bond Obligation	8/15/2035	350,000	410,990	441,133
	HSBC HOLDINGS PLC	Corporate Bond Obligation	3/13/2028	80,000	80,000	83,371
	HUMANA INC	Corporate Bond Obligation	10/1/2044	110,000	115,828	126,695
	HUMANA INC	Corporate Bond Obligation	12/1/2042	40,000	43,048	43,645
	INTEL CORP	Corporate Bond Obligation	12/15/2032	50,000	49,558	55,020
	INTEL CORP	Corporate Bond Obligation	12/8/2047	808,000	806,764	839,059
	INTERNATIONAL PAPER CO	Corporate Bond Obligation	5/15/2046	210,000	223,027	243,184
	INTERNATIONAL PAPER CO	Corporate Bond Obligation	8/15/2047	45,000	43,128	47,023
	INTESA SANPAOLO SPA	Corporate Bond Obligation	7/14/2027	310,000	309,337	309,854
	JOHNSON CONTROLS INTL PL	Corporate Bond Obligation	7/2/2064	500,000	516,380	550,780
	JPMORGAN CHASE + CO	Corporate Bond Obligation	8/16/2043	195,000	193,522	242,102
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/15/2048	115,000	115,002	118,741
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/22/2048	75,000	78,483	81,177
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2048	295,000	298,175	307,653
	JPMORGAN CHASE + CO	Corporate Bond Obligation	5/15/2038	320,000	401,870	440,301
	JPMORGAN CHASE + CO	Corporate Bond Obligation	6/15/2026	95,000	91,753	94,949
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/1/2026	110,000	107,270	110,867
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/1/2028	555,000	560,357	575,119
	JPMORGAN CHASE + CO	Corporate Bond Obligation	12/1/2027	195,000	187,395	197,102
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	5/1/2047	130,000	139,042	140,470
	KENTUCKY UTILITIES CO	Corporate Bond Obligation	1/1/2040	18,000	20,929	22,210
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/15/2038	370,000	450,727	460,039
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/1/2042	60,000	57,429	58,085
	KINDER MORGAN ENER PART	Corporate Bond Obligation	8/15/2042	35,000	34,762	35,518
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	6/1/2045	245,000	261,148	268,125
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	1/15/2032	815,000	1,022,110	1,052,450
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	6/1/2046	770,000	720,666	762,723
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2035	390,000	407,279	425,790
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/1/2042	350,000	378,183	467,036
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	3/15/2035	35,000	41,981	45,227
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	285,000	304,525	325,775
	LOWE S COS INC	Corporate Bond Obligation	9/15/2045	205,000	212,015	226,580
	MARATHON OIL CORP	Corporate Bond Obligation	3/15/2032	90,000	106,764	109,505
	MARATHON OIL CORP	Corporate Bond Obligation	6/1/2045	200,000	204,540	221,678
	MARATHON OIL CORP	Corporate Bond Obligation	7/15/2027	135,000	135,934	141,084
	MASS INSTITUTE OF TECH	Corporate Bond Obligation	7/1/2111	390,000	491,069	538,504
	MCDONALD S CORP	Corporate Bond Obligation	7/15/2040	335,000	352,581	386,272
	MCDONALD S CORP	Corporate Bond Obligation	5/26/2045	380,000	385,609	424,201
	MCKESSON CORP	Corporate Bond Obligation	3/1/2041	100,000	129,701	122,155
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2045	740,000	845,923	862,137
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2035	365,000	381,827	411,468

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	MERCK + CO INC	Corporate Bond Obligation	9/15/2042	155,000	145,516	158,238
	MERCK + CO INC	Corporate Bond Obligation	2/10/2045	290,000	274,749	302,743
	METLIFE INC	Corporate Bond Obligation	6/15/2034	335,000	423,028	455,178
	METLIFE INC	Corporate Bond Obligation	3/1/2045	215,000	211,260	225,481
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	825,000	811,697	858,379
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2055	675,000	670,529	722,135
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	160,000	159,381	164,958
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2046	670,000	670,790	698,482
	MICROSOFT CORP	Corporate Bond Obligation	2/6/2037	890,000	898,662	993,694
	MOLSON COORS BREWING CO	Corporate Bond Obligation	7/15/2046	155,000	145,092	157,948
	MOLSON COORS BREWING CO	Corporate Bond Obligation	7/15/2026	280,000	263,511	274,058
	MONONGAHELA POWER CO	Corporate Bond Obligation	12/15/2043	550,000	646,729	684,733
	MORGAN STANLEY	Corporate Bond Obligation	7/27/2026	180,000	170,296	177,539
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2028	50,000	50,433	50,460
	MORGAN STANLEY	Corporate Bond Obligation	7/23/2025	425,000	433,050	444,996
	MORGAN STANLEY	Corporate Bond Obligation	1/20/2027	185,000	182,649	189,338
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	630,000	820,974	875,920
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2038	270,000	270,000	279,582
	MORGAN STANLEY	Corporate Bond Obligation	1/27/2045	140,000	137,420	151,001
	MPLX LP	Corporate Bond Obligation	3/1/2047	155,000	154,539	170,102
	MYLAN NV	Corporate Bond Obligation	6/15/2046	280,000	266,897	306,799
	NATL RETAIL PROPERTIES	Corporate Bond Obligation	4/15/2023	185,000	185,427	185,921
	NBCUNIVERSAL MEDIA LLC	Corporate Bond Obligation	4/1/2041	350,000	416,955	456,218
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	205,000	275,813	289,985
	NEWMONT MINING CORP	Corporate Bond Obligation	10/1/2039	205,000	241,040	262,142
	NEWMONT MINING CORP	Corporate Bond Obligation	4/1/2035	400,000	432,008	484,704
	NISOURCE INC	Corporate Bond Obligation	5/15/2047	345,000	344,717	378,148
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2044	310,000	318,448	332,056
	NOBLE ENERGY INC	Corporate Bond Obligation	8/15/2047	190,000	194,033	203,330
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2043	65,000	68,834	71,939
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	170,000	169,606	189,530
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	8/15/2052	597,000	607,931	618,772
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	8/15/2042	285,000	262,901	282,062
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	6/1/2043	560,000	607,818	646,766
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	10/15/2047	455,000	454,290	475,520
	NORTHWELL HEALTHCARE INC	Corporate Bond Obligation	11/1/2047	100,000	100,000	102,263
	NORTHWESTERN MUTUAL LIFE	Corporate Bond Obligation	9/30/2047	70,000	69,851	70,963
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	5/6/2044	665,000	711,843	762,429
	OGLETHORPE POWER CORP	Corporate Bond Obligation	9/1/2050	390,000	421,668	448,348
	OGLETHORPE POWER CORP	Corporate Bond Obligation	11/1/2040	115,000	129,285	136,334
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	1/15/2033	65,000	90,370	91,823
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	4/1/2045	370,000	353,032	381,670
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	6/1/2042	615,000	727,957	773,651
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	12/1/2041	290,000	312,571	335,188
	ORACLE CORP	Corporate Bond Obligation	11/15/2037	210,000	209,210	220,242
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	385,000	393,343	415,238
	ORACLE CORP	Corporate Bond Obligation	7/8/2039	450,000	577,100	617,994
	ORACLE CORP	Corporate Bond Obligation	11/15/2047	405,000	403,101	431,276
	ORANGES A	Corporate Bond Obligation	1/13/2042	280,000	316,271	337,767
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	12/1/2047	295,000	293,714	293,197
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/1/2034	345,000	433,824	434,852
	PACIFICORP	Corporate Bond Obligation	10/15/2037	50,000	66,780	68,325
	PACIFICORP	Corporate Bond Obligation	1/15/2039	255,000	308,207	342,661
	PEPSICO INC	Corporate Bond Obligation	8/13/2042	345,000	322,458	345,586
	PETROLEOS MEXICANOS	Corporate Bond Obligation	1/23/2045	380,000	336,996	382,033
	PETROLEOS MEXICANOS	Corporate Bond Obligation	3/13/2027	250,000	250,254	273,250
	PETROLEOS MEXICANOS	Corporate Bond Obligation	9/21/2047	1,310,000	1,258,258	1,367,444
	PETROLEOS MEXICANOS	Corporate Bond Obligation	6/27/2044	200,000	163,500	183,992
	PFIZER INC	Corporate Bond Obligation	12/15/2046	525,000	526,496	582,818
	PFIZER INC	Corporate Bond Obligation	12/15/2036	315,000	319,108	345,076
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	8/21/2042	440,000	408,505	438,803
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/15/2043	325,000	346,938	371,209
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	340,000	330,470	349,653
	PHILLIPS 66	Corporate Bond Obligation	5/1/2042	80,000	79,978	101,816
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	212,300	235,565

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	260,000	349,747	360,162
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	3/15/2043	200,000	204,112	218,066
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	310,000	308,035	368,866
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2049	277,000	273,270	283,208
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	100,000	115,147	116,344
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	3/15/2043	330,000	327,476	343,764
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	525,000	519,540	519,078
	QUALCOMM INC	Corporate Bond Obligation	5/20/2047	245,000	244,961	246,815
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/15/2045	360,000	426,757	449,557
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	9/15/2043	135,000	164,358	173,516
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	235,000	233,193	271,404
	ROHM + HAAS CO	Corporate Bond Obligation	7/15/2029	685,000	935,717	939,656
	SANTANDER UK GROUP HLDGS	Corporate Bond Obligation	11/3/2028	200,000	200,000	200,464
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	235,000	231,326	250,287
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	335,000	442,517	467,034
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	400,000	402,037	436,344
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	9/12/2046	260,000	250,332	265,179
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	8/21/2042	45,000	40,674	44,429
	SHIRE ACQ INV IRELAND DA	Corporate Bond Obligation	9/23/2026	575,000	533,324	562,206
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	10/1/2044	20,000	19,882	20,870
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	2/1/2040	75,000	102,125	104,606
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	240,000	238,082	269,280
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	6/1/2065	605,000	664,728	692,241
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	200,000	204,444	225,302
	SOUTHERN CAL EDISON	Corporate Bond Obligation	1/15/2034	20,000	24,778	25,759
	SOUTHERN COPPER CORP	Corporate Bond Obligation	4/23/2045	230,000	233,303	277,803
	SPECTRA ENERGY PARTNERS	Corporate Bond Obligation	3/15/2045	145,000	139,064	149,514
	STATOIL ASA	Corporate Bond Obligation	12/1/2028	150,000	192,611	193,019
	SUNCOR ENERGY INC	Corporate Bond Obligation	5/15/2038	255,000	326,331	351,449
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	4/1/2044	65,000	64,151	64,149
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	5/15/2045	635,000	641,553	631,006
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	10/1/2047	200,000	199,811	201,350
	SYNCHRONY FINANCIAL	Corporate Bond Obligation	12/1/2027	255,000	254,271	253,926
	TARGET CORP	Corporate Bond Obligation	7/1/2042	350,000	342,601	362,114
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	12/16/2039	18,000	23,198	25,431
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	9/15/2044	455,000	484,905	520,465
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	5/15/2047	545,000	543,896	576,359
	TELEFONICA EMISIONES SAU	Corporate Bond Obligation	3/8/2047	575,000	575,000	652,539
	TENNESSEE GAS PIPELINE	Corporate Bond Obligation	10/15/2028	325,000	387,523	393,803
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	180,000	197,754	195,298
	TIME WARNER CABLE LLC	Corporate Bond Obligation	5/1/2037	165,000	189,078	194,052
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	405,000	534,723	485,951
	TIME WARNER CABLE LLC	Corporate Bond Obligation	7/1/2038	170,000	210,443	213,088
	TIME WARNER INC	Corporate Bond Obligation	7/15/2045	940,000	933,135	987,216
	TRANSCANADA PIPELINES	Corporate Bond Obligation	3/1/2034	435,000	439,941	485,712
	TRANSCONT GAS PIPE LINE	Corporate Bond Obligation	8/15/2041	500,000	537,250	587,055
	TRAVELERS COS INC	Corporate Bond Obligation	5/15/2046	130,000	129,095	132,651
	TRAVELERS COS INC	Corporate Bond Obligation	5/30/2047	115,000	119,363	122,457
	UBS GROUP FUNDING SWITZE	Corporate Bond Obligation	3/23/2028	340,000	341,116	358,255
	UNILEVER CAPITAL CORP	Corporate Bond Obligation	11/15/2032	415,000	537,649	540,380
	UNION ELECTRIC CO	Corporate Bond Obligation	9/15/2042	465,000	462,652	494,095
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	370,000	371,487	377,248
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	6/1/2042	505,000	519,529	559,727
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/15/2045	335,000	334,538	356,862
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	11/15/2041	275,000	288,698	313,767
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2047	235,000	232,829	239,763
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	7/15/2035	240,000	260,969	279,499
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2042	25,000	24,533	25,986
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/10/2033	910,000	907,434	954,435
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2041	725,000	789,323	739,109
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/21/2054	408,000	410,087	417,788
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2048	929,000	926,583	914,740
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/15/2055	923,000	891,433	891,101
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/16/2037	565,000	560,649	621,319
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	4/15/2049	100,000	97,900	104,879

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	VIACOM INC	Corporate Bond Obligation	9/1/2043	840,000	897,644	869,165
	VIACOM INC	Corporate Bond Obligation	4/30/2036	100,000	107,454	113,466
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	11/30/2037	110,000	130,424	151,638
	VISA INC	Corporate Bond Obligation	12/14/2045	575,000	592,557	654,310
	WALGREENS BOOTS ALLIANCE	Corporate Bond Obligation	11/18/2034	170,000	170,580	177,509
	WEA FINANCE LLC/WESTFIEL	Corporate Bond Obligation	9/17/2044	380,000	372,805	414,303
	WELLS FARGO + COMPANY	Corporate Bond Obligation	12/7/2046	755,000	790,279	843,818
	WELLS FARGO + COMPANY	Corporate Bond Obligation	11/2/2043	510,000	586,855	607,303
	WELLS FARGO + COMPANY	Corporate Bond Obligation	5/1/2045	85,000	80,325	88,165
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	250,000	262,215	320,598
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	900,000	1,114,430	1,255,302
	WELLTOWER INC	Corporate Bond Obligation	4/1/2026	215,000	221,648	225,079
	WILLIAMS PARTNERS LP	Corporate Bond Obligation	9/15/2045	385,000	401,110	423,411
	WILLIAMS PARTNERS LP	Corporate Bond Obligation	11/15/2043	45,000	49,375	53,005
	WILLIAMS PARTNERS LP	Corporate Bond Obligation	1/15/2045	120,000	117,187	127,304
					121,392,218	128,616,707
	ASHOKA OFFSHORE FD LP	Limited Partnership		30,000	3,000,000	4,133,161
	CANYON VALUE REALIZATION FUND	Limited Partnership		1,213	10,000,000	11,367,412
	CHATHAM HIGH YIELD OFFSHORE	Limited Partnership		30,723	10,000,000	11,575,116
	DGV ENHANCED U.S EQUITY	Limited Partnership		16,000,000	16,000,000	16,816,464
	DISCOVERY GLOBAL OPPTY FD LTD	Limited Partnership		3,260	2,966,056	2,916,415
	FIR TREE INTL VALUE FUND	Limited Partnership		684,750	739,558	718,750
	INDEPENDENT FRAN PRTS GL EQTY	Limited Partnership		34,300,000	34,154,235	42,082,670
	PERSHING SQUARE INTL LTD	Limited Partnership		2,756	9,982,254	7,493,056
	RIMROCK HIGH INC PLUS CAYMAN	Limited Partnership		37,339	10,000,000	10,525,014
	SANDS CAPTL EMG MKT GTH FEEDER	Limited Partnership		12,403,196	12,403,285	14,059,978
	SF GLOBAL EMERGING MARKETS EQU	Limited Partnership		973,128	12,400,000	13,999,286
					121,645,388	135,687,322
Total					\$ 602,402,783	\$ 690,975,919

* A party in interest as defined by ERISA

Premier Health Partners Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1446699, Plan No. 001 Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) - Single transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co Short Term Inv Fund					
	84,796,046 units purchased in 1 transaction	\$ 84,796,046	-	84,796,046	84,796,046	-
	55,591,224 units purchased in 1 transaction	55,591,224	-	55,591,224	55,591,224	-
	36,000,000 units purchased in 1 transaction	36,000,000	-	36,000,000	36,000,000	-
	34,478,400 units purchased in 1 transaction	34,478,400	-	34,478,400	34,478,400	-
	84,099,045 units sold in 1 transaction	-	84,099,045	84,099,045	84,099,045	-
	80,032,035 units sold in 1 transaction	-	80,032,035	80,032,035	80,032,035	-
	49,124,700 units sold in 1 transaction	-	49,124,700	49,124,700	49,124,700	-
	32,910,189 units sold in 1 transaction	-	32,910,189	32,910,189	32,910,189	-
U.S Treasury	US TREASURY N/B, maturity date of November 15, 2047					
	50,000,000 units purchased in 1 transaction	50,140,625	-	50,140,625	50,140,625	-
<u>Category (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co Short Term Inv Fund					
	406,307,528 units purchased in a series of 256 transactions	406,307,528	-	406,307,528	406,307,528	-
	463,465,215 units sold in a series of 183 transactions	463,465,215	-	463,465,215	463,465,215	-
U.S Treasury	US TREASURY N/B, maturity date of August 15, 2046					
	20,440,000 units purchased in a series of 50 transactions	17,213,118	-	17,213,118	17,213,118	-
	23,645,000 units sold in a series of 64 transactions	-	19,919,558	19,875,404	19,919,558	44,154
U.S Treasury	US TREASURY N/B, maturity date of May 15, 2047					
	41,565,000 units purchased in a series of 91 transactions	43,795,201	-	43,795,201	43,795,201	-
	29,525,000 units sold in a series of 52 transactions	-	30,375,036	31,068,966	30,375,036	(693,930)
U.S Treasury	US TREASURY N/B, maturity date of November 15, 2047					
	52,000,000 units purchased in a series of 2 transactions	52,146,250	-	52,146,250	52,146,250	-

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations.
There were no reportable category (ii) or (iv) transactions from January 1, 2017 to December 31, 2017.
Columns (e) and (f) were excluded as they were not applicable.

* A party in interest as defined by ERISA

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Number of Participants, Average Compensation, and Average Cash Balance

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	52 \$22,784	401 \$34,605 \$1,080	1							
25-29	56 \$37,285	911 \$45,350 \$1,977	272 \$46,630 \$5,756	1						
30-34	51 \$25,255 \$20	596 \$51,581 \$2,333	525 \$54,629 \$6,687	192 \$54,682 \$9,138	6					
35-39	37 \$35,372 \$333	494 \$57,497 \$2,645	354 \$61,709 \$7,712	263 \$62,930 \$10,143	147 \$58,548 \$13,102	4				
40-44	30 \$46,955 \$2,926	404 \$65,678 \$2,926	297 \$67,383 \$7,981	215 \$71,257 \$9,313	215 \$67,220 \$14,317	68 \$66,937 \$14,812	3			
45-49	33 \$40,461 \$2,855	337 \$62,266 \$2,855	289 \$67,380 \$7,888	218 \$66,774 \$9,307	239 \$71,618 \$11,633	140 \$74,372 \$11,460	82 \$72,270 \$14,636	5		
50-54	38 \$46,964 \$2,870	303 \$59,747 \$2,870	263 \$62,856 \$7,841	220 \$66,642 \$8,956	245 \$67,422 \$11,345	145 \$76,177 \$9,635	149 \$77,249 \$16,746	69 \$71,908 \$14,584	7	
55-59	34 \$35,593 \$169	231 \$71,980 \$3,609	226 \$60,314 \$8,212	214 \$56,112 \$8,863	267 \$62,905 \$9,367	174 \$79,536 \$8,382	134 \$83,257 \$16,693	120 \$78,867 \$13,765	122 \$73,854 \$17,000	19
60-64	18 \$67,099 \$3,854	182 \$61,749 \$8,305	170 \$60,869 \$7,913	142 \$61,919 \$8,441	206 \$76,496 \$10,763	145 \$67,808 \$11,135	113 \$87,281 \$20,505	77 \$76,959 \$23,853	116 \$72,620 \$26,430	86
65-69	16 \$65,153 \$4,553	55 \$79,378 \$9,110	56 \$48,457 \$5,492	48 \$60,393 \$8,641	55 \$62,962 \$11,634	25 \$65,656 \$11,304	22 \$74,540 \$17,183	24 \$71,674 \$39,579	36 \$76,039 \$18,994	38
70+	10 \$70,548	29	9	14	13	6	5	2	2	

N-11638

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	N/A
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.50% per year.
Optional Payment Form Election Percentage	Active Cash Balance Participants: 90% immediate lump sum. 10% life annuity at age 62. Term Vested Cash Balance Participants: 100% deferred lump sum at age 55. Final Average Pay Participants: 100% life annuity at age 62.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Optional Payment Form	Same as funding interest rates above for lump
Conversion Interest Rate	sums other than cash balance accounts.
Optional Payment Form	Current 417(e) table for lump sums other than cash
Conversion Mortality	balance accounts.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Tables 3–4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2016 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$215,000 and the IRC section 401(a)(17) compensation limit of \$270,000.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2015 Plan Year

7.25%, limited to 6.81%

2016 Plan Year

6.75%, limited to 6.65%

2017 Plan Year

6.75%, limited to 6.48%

Trust Expenses Included in Target Normal Cost

\$3,100,000

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2017

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	8.00%
56	8.00%
57	8.00%
58	8.00%
59	10.00%
60	10.00%
61	10.00%
62	15.00%
63	15.00%
64	25.00%
65	30.00%
66	30.00%
67	30.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service		
	0-1	2	3+
15	20.00%	15.00%	7.94%
16	20.00%	15.00%	7.94%
17	20.00%	15.00%	7.94%
18	20.00%	15.00%	7.94%
19	20.00%	15.00%	7.94%
20	20.00%	15.00%	7.94%
21	20.00%	15.00%	7.90%
22	20.00%	15.00%	7.86%
23	20.00%	15.00%	7.82%
24	20.00%	15.00%	7.77%
25	20.00%	15.00%	7.72%
26	20.00%	15.00%	7.67%
27	20.00%	15.00%	7.60%
28	20.00%	15.00%	7.49%
29	20.00%	15.00%	7.37%
30	20.00%	15.00%	7.22%
31	20.00%	15.00%	7.06%
32	20.00%	15.00%	6.89%
33	20.00%	15.00%	6.69%
34	20.00%	15.00%	6.49%
35	20.00%	15.00%	6.27%
36	20.00%	15.00%	6.05%
37	20.00%	15.00%	5.83%
38	20.00%	15.00%	5.61%
39	20.00%	15.00%	5.38%
40	20.00%	15.00%	5.15%
41	20.00%	15.00%	4.92%
42	20.00%	15.00%	4.68%
43	20.00%	15.00%	4.45%
44	20.00%	15.00%	4.22%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service		
	0-1	2	3+
45	20.00%	15.00%	3.97%
46	20.00%	15.00%	3.72%
47	20.00%	15.00%	3.46%
48	20.00%	15.00%	3.18%
49	20.00%	15.00%	2.88%
50	20.00%	15.00%	2.56%
51	20.00%	15.00%	2.22%
52	20.00%	15.00%	1.89%
53	20.00%	15.00%	1.55%
54	20.00%	15.00%	1.23%
55	20.00%	15.00%	0.94%
56	20.00%	15.00%	0.69%
57	20.00%	15.00%	0.47%
58	20.00%	15.00%	0.30%
59	20.00%	15.00%	0.17%
60	20.00%	15.00%	0.09%
61	20.00%	15.00%	0.03%
62+	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 3

Disability Rates—Atrium Disability Rates

Age	Male	Female	Age	Male	Female
15	0.04%	0.05%	45	0.20%	0.32%
16	0.04%	0.05%	46	0.20%	0.32%
17	0.04%	0.05%	47	0.20%	0.32%
18	0.04%	0.05%	48	0.20%	0.32%
19	0.04%	0.05%	49	0.20%	0.32%
20	0.04%	0.05%	50	0.36%	0.53%
21	0.04%	0.05%	51	0.36%	0.53%
22	0.04%	0.05%	52	0.36%	0.53%
23	0.04%	0.05%	53	0.36%	0.53%
24	0.04%	0.05%	54	0.36%	0.53%
25	0.04%	0.05%	55	0.72%	0.95%
26	0.04%	0.05%	56	0.72%	0.95%
27	0.04%	0.05%	57	0.72%	0.95%
28	0.04%	0.05%	58	0.72%	0.95%
29	0.04%	0.05%	59	0.72%	0.95%
30	0.05%	0.08%	60	1.26%	1.16%
31	0.05%	0.08%	61	1.26%	1.16%
32	0.05%	0.08%	62	1.26%	1.16%
33	0.05%	0.08%	63	1.26%	1.16%
34	0.05%	0.08%	64	1.26%	1.16%
35	0.07%	0.14%	65+	0.00%	0.00%
36	0.07%	0.14%			
37	0.07%	0.14%			
38	0.07%	0.14%			
39	0.07%	0.14%			
40	0.12%	0.21%			
41	0.12%	0.21%			
42	0.12%	0.21%			
43	0.12%	0.21%			
44	0.12%	0.21%			

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 4

Disability Rates—MedAmerica Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Premier Health Partners Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1446699, Plan No. 001 Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) - Single transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co Short Term Inv Fund					
	84,796,046 units purchased in 1 transaction	\$ 84,796,046	-	84,796,046	84,796,046	-
	55,591,224 units purchased in 1 transaction	55,591,224	-	55,591,224	55,591,224	-
	36,000,000 units purchased in 1 transaction	36,000,000	-	36,000,000	36,000,000	-
	34,478,400 units purchased in 1 transaction	34,478,400	-	34,478,400	34,478,400	-
	84,099,045 units sold in 1 transaction	-	84,099,045	84,099,045	84,099,045	-
	80,032,035 units sold in 1 transaction	-	80,032,035	80,032,035	80,032,035	-
	49,124,700 units sold in 1 transaction	-	49,124,700	49,124,700	49,124,700	-
	32,910,189 units sold in 1 transaction	-	32,910,189	32,910,189	32,910,189	-
U.S Treasury	US TREASURY N/B, maturity date of November 15, 2047					
	50,000,000 units purchased in 1 transaction	50,140,625	-	50,140,625	50,140,625	-
<u>Category (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co Short Term Inv Fund					
	406,307,528 units purchased in a series of 256 transactions	406,307,528	-	406,307,528	406,307,528	-
	463,465,215 units sold in a series of 183 transactions	463,465,215	-	463,465,215	463,465,215	-
U.S Treasury	US TREASURY N/B, maturity date of August 15, 2046					
	20,440,000 units purchased in a series of 50 transactions	17,213,118	-	17,213,118	17,213,118	-
	23,645,000 units sold in a series of 64 transactions	-	19,919,558	19,875,404	19,919,558	44,154
U.S Treasury	US TREASURY N/B, maturity date of May 15, 2047					
	41,565,000 units purchased in a series of 91 transactions	43,795,201	-	43,795,201	43,795,201	-
	29,525,000 units sold in a series of 52 transactions	-	30,375,036	31,068,966	30,375,036	(693,930)
U.S Treasury	US TREASURY N/B, maturity date of November 15, 2047					
	52,000,000 units purchased in a series of 2 transactions	52,146,250	-	52,146,250	52,146,250	-

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations.
There were no reportable category (ii) or (iv) transactions from January 1, 2017 to December 31, 2017.
Columns (e) and (f) were excluded as they were not applicable.

* A party in interest as defined by ERISA

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Premier Health Partners Employees Retirement Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Premier Health Partners	D Employer Identification Number (EIN) 31-1446699	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value.....	2a	634,786,597	
b Actuarial value.....	2b	649,624,987	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	2,924	184,670,162	184,670,162
b For terminated vested participants.....	3,154	71,511,137	71,511,137
c For active participants.....	11,638	268,286,137	275,349,653
d Total.....	17,716	524,467,436	531,530,952
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.91%	
6 Target normal cost.....	6	27,814,238	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<div style="text-align: center;"> Jason M. Bravo Signature of actuary </div>	<div style="text-align: center;"> 09/24/2018 Date 1705569 Most recent enrollment number 216-573-9700 Telephone number (including area code) </div>
Jason M. Bravo Type or print name of actuary		
Aon Consulting, Inc. Firm name		
5005 Rockside Road Independence OH 44131 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2017

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	103,521,110
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	103,521,110
10 Interest on line 9 using prior year's actual return of <u>6.75%</u>	0	6,987,675
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		32,595,863
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.10%</u>		1,988,348
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		34,584,211
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	110,508,785

Part III Funding Percentages

14 Funding target attainment percentage	14	101.42%
15 Adjusted funding target attainment percentage.....	15	122.21%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.65%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2018	9,100,000	0			
Totals ▶	18(b)	9,100,000	18(c)		0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	8,253,048

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	27,814,238	
b Excess assets, if applicable, but not greater than line 31a	31b	7,585,250	
32 Amortization installments:			
a Net shortfall amortization installment.....	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	20,228,988	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	11,975,940	11,975,940
36 Additional cash requirement (line 34 minus line 35).....	36	8,253,048	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	8,253,048	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2017

Date	Amount	Days to Discount to 1/1/2017 at 5.91%	Interest Adjusted Contribution
September 14, 2018	\$ 9,100,000	621	\$ 8,253,048
Total Contribution	\$ 9,100,000		\$ 8,253,048

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	8.00%	0.7787	3.64
59.5	10.00%	0.7164	4.26
60.5	10.00%	0.6448	3.90
61.5	10.00%	0.5803	3.57
62.5	15.00%	0.5223	4.90
63.5	15.00%	0.4439	4.23
64.5	25.00%	0.3773	6.08
65.5	30.00%	0.2830	5.56
66.5	30.00%	0.1981	3.95
67.5	30.00%	0.1387	2.81
68.5	25.00%	0.0971	1.66
69.5	25.00%	0.0728	1.26
70	100.00%	0.0546	3.82
Weighted Average			62.13

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	N/A
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.50% per year.
Optional Payment Form Election Percentage	Active Cash Balance Participants: 90% immediate lump sum. 10% life annuity at age 62. Term Vested Cash Balance Participants: 100% deferred lump sum at age 55. Final Average Pay Participants: 100% life annuity at age 62.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Optional Payment Form	Same as funding interest rates above for lump
Conversion Interest Rate	sums other than cash balance accounts.
Optional Payment Form	Current 417(e) table for lump sums other than cash
Conversion Mortality	balance accounts.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Tables 3–4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2016 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$215,000 and the IRC section 401(a)(17) compensation limit of \$270,000.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2015 Plan Year

7.25%, limited to 6.81%

2016 Plan Year

6.75%, limited to 6.65%

2017 Plan Year

6.75%, limited to 6.48%

Trust Expenses Included in Target Normal Cost

\$3,100,000

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2017

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	8.00%
56	8.00%
57	8.00%
58	8.00%
59	10.00%
60	10.00%
61	10.00%
62	15.00%
63	15.00%
64	25.00%
65	30.00%
66	30.00%
67	30.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service		
	0-1	2	3+
15	20.00%	15.00%	7.94%
16	20.00%	15.00%	7.94%
17	20.00%	15.00%	7.94%
18	20.00%	15.00%	7.94%
19	20.00%	15.00%	7.94%
20	20.00%	15.00%	7.94%
21	20.00%	15.00%	7.90%
22	20.00%	15.00%	7.86%
23	20.00%	15.00%	7.82%
24	20.00%	15.00%	7.77%
25	20.00%	15.00%	7.72%
26	20.00%	15.00%	7.67%
27	20.00%	15.00%	7.60%
28	20.00%	15.00%	7.49%
29	20.00%	15.00%	7.37%
30	20.00%	15.00%	7.22%
31	20.00%	15.00%	7.06%
32	20.00%	15.00%	6.89%
33	20.00%	15.00%	6.69%
34	20.00%	15.00%	6.49%
35	20.00%	15.00%	6.27%
36	20.00%	15.00%	6.05%
37	20.00%	15.00%	5.83%
38	20.00%	15.00%	5.61%
39	20.00%	15.00%	5.38%
40	20.00%	15.00%	5.15%
41	20.00%	15.00%	4.92%
42	20.00%	15.00%	4.68%
43	20.00%	15.00%	4.45%
44	20.00%	15.00%	4.22%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service		
	0-1	2	3+
45	20.00%	15.00%	3.97%
46	20.00%	15.00%	3.72%
47	20.00%	15.00%	3.46%
48	20.00%	15.00%	3.18%
49	20.00%	15.00%	2.88%
50	20.00%	15.00%	2.56%
51	20.00%	15.00%	2.22%
52	20.00%	15.00%	1.89%
53	20.00%	15.00%	1.55%
54	20.00%	15.00%	1.23%
55	20.00%	15.00%	0.94%
56	20.00%	15.00%	0.69%
57	20.00%	15.00%	0.47%
58	20.00%	15.00%	0.30%
59	20.00%	15.00%	0.17%
60	20.00%	15.00%	0.09%
61	20.00%	15.00%	0.03%
62+	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 3

Disability Rates—Atrium Disability Rates

Age	Male	Female	Age	Male	Female
15	0.04%	0.05%	45	0.20%	0.32%
16	0.04%	0.05%	46	0.20%	0.32%
17	0.04%	0.05%	47	0.20%	0.32%
18	0.04%	0.05%	48	0.20%	0.32%
19	0.04%	0.05%	49	0.20%	0.32%
20	0.04%	0.05%	50	0.36%	0.53%
21	0.04%	0.05%	51	0.36%	0.53%
22	0.04%	0.05%	52	0.36%	0.53%
23	0.04%	0.05%	53	0.36%	0.53%
24	0.04%	0.05%	54	0.36%	0.53%
25	0.04%	0.05%	55	0.72%	0.95%
26	0.04%	0.05%	56	0.72%	0.95%
27	0.04%	0.05%	57	0.72%	0.95%
28	0.04%	0.05%	58	0.72%	0.95%
29	0.04%	0.05%	59	0.72%	0.95%
30	0.05%	0.08%	60	1.26%	1.16%
31	0.05%	0.08%	61	1.26%	1.16%
32	0.05%	0.08%	62	1.26%	1.16%
33	0.05%	0.08%	63	1.26%	1.16%
34	0.05%	0.08%	64	1.26%	1.16%
35	0.07%	0.14%	65+	0.00%	0.00%
36	0.07%	0.14%			
37	0.07%	0.14%			
38	0.07%	0.14%			
39	0.07%	0.14%			
40	0.12%	0.21%			
41	0.12%	0.21%			
42	0.12%	0.21%			
43	0.12%	0.21%			
44	0.12%	0.21%			

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 4

Disability Rates—MedAmerica Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Med America

History of Plan

Miami Valley Hospital established the Miami Valley Hospital Employees Retirement Plan for the benefit of its employees on January 1, 1951. Prior to January 1, 1971, benefits were provided under Group Annuity Contract issued by the National Health and Welfare Retirement Association.

Effective January 1, 1976, the plan was amended and restated to comply with ERISA. Benefits provided by the plan to eligible employees include normal, early, vesting, and disability retirement benefits. The plan also provides a preretirement surviving spouse's benefit. The benefit formula is of the career average type with a different percentage applied to compensation above and below a given breakpoint.

Effective January 1, 1979, the plan was amended to update the benefit formula for future accrual, limit service to 30 years, change the normal form of benefit to a life annuity (from a three-year certain and continuous), and reduce the preretirement surviving spouse's benefit to the ERISA minimum requirement.

Effective January 1, 1980, the plan was amended to grant benefit increases for retirees prior to December 31, 1979.

Effective January 1, 1984, the plan was amended to change the breakpoints and accrual percentages in the benefit formula, change participation requirement to age 25 with one year of service, increase the early retirement age for new hires to age 55 with five years of service, and provide preretirement surviving spouse protection on a company-paid basis for employees eligible for early retirement.

Effective January 1, 1985, the plan was amended to reduce the required participation age to age 21, and to extend preretirement surviving spouse protection to all active vested participants.

As reflected in the 1986 valuation, the plan was further amended to change the benefit formula (including a change in the breakpoint definition), and provide 10-year cliff vesting for new participants. In addition, a special retirement program was offered to a small group of participants employed in the diagnostic laboratories, and an ad hoc benefit increase was granted to all retirees who retired prior to January 1, 1985.

Effective January 1, 1988, the age 60 maximum entry age restriction was eliminated. In addition, benefit accruals are required to be granted past age 65.

Effective January 1, 1989, the plan was amended to change the benefit formula to a final five-year average pay excess plan and to provide five-year cliff vesting.

Effective October 13, 1995, the lump sum payouts are based on the GATT actuarial factors.

Effective January 1, 1996, an ad hoc benefit increase was granted to all current retirees. Effective for retirements after January 1, 1996, employees who retire at or after age 60 with 10 or more years of service will receive a monthly benefit equal to \$10 times years of credited service (up to 20 years), payable until Social Security normal retirement age. In addition, Fidelity Home Health Care employees became participants of the plan as of January 1, 1996.

Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Effective January 1, 2008, the plan was amended and restated to reflect changes in the law resulting from the Economic Growth and Tax Relief Reconciliation Act of 2001 and other legislation and regulations issued since the plan's last restatement. In addition, the plan now includes a cash balance formula applicable to post-December 31, 2007 participants and other participants who voluntarily chose to be covered under this cash balance formula.

Effective January 1, 2009, vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.

Effective December 31, 2012, the Atrium Health System Cash Balance Plan and Upper Valley Medical Center Retirement Plan were merged into the MedAmerica Health Systems Corp. Employees Retirement Plan, with the surviving plan renamed the Premier Health Partners Employees Retirement Plan.

Effective January 1, 2013, employees of Good Samaritan Hospital entered the plan and began accruing benefits under the "Good Sam Enhanced Formula." Also, employees of Upper Valley Medical Center previously receiving self-directed DC benefits entered the plan and began accruing under the 3%–5% cash balance formula.

Effective January 1, 2018, all legacy pension participants will begin earning benefits under the PHP cash balance formula. Participants with the MedAmerica final average pay formula, the Upper Valley Medical Center final average pay formula, and the Good Sam enhanced formula will receive an additional 2% pay credit for a period of five years.

A brief summary of the major plan provisions in effect on the valuation date can be found on the following pages.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Effective Date	Original plan: January 1, 1951. Amended and completely restated on January 1, 2008.
Employees Covered	All active employees excluding interns, externs, residents, or students in a non-employee status, and any minister for whom the employer contributes to another pension plan.
Participation Requirements	All eligible employees who have attained age 21 and have completed one year of service. Employees who were participants in the plan on December 31, 1988, automatically participate in the plan on January 1, 1989. Effective January 1, 1996, Fidelity Home Health Care employees became participants of the plan. Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.
Normal Retirement Eligibility	<p>Age 65 and five years of service.</p> <p>Members with at least one hour of service on or after January 1, 2008: Age 65.</p>
Annual Benefit	<p>Choice One Participants The sum of (a) and (b) below multiplied by credited service after January 1, 1971:</p> <p>(a) 0.90% x final average pay up to a breakpoint.</p> <p>(b) 1.65% x final average pay in excess of the breakpoint.</p> <p>A participant's normal retirement benefit is the accrued benefit actuarially reduced for each month commencement of benefits precedes attainment of Social Security normal retirement age.</p> <p>Benefits for Choice One Participants will be frozen on December 31, 2017, with future benefits earned under the Choice Two formula. Choice One Participants will receive an additional 2% pay credit for a period of five years beginning in 2018.</p> <p>OR</p> <p>Choice Two Participants Accrued pension account: A cash balance account equal to the sum of the annual cash balance credits and the</p>

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

	accrued pension account interest. Plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.
Minimum Benefit	The accrued benefit on December 31, 1988, as determined under the terms of the plan on such date.
Early Retirement Eligibility	<p>Participants prior to January 1, 1984: Age 50 (Not applicable for Choice Two participants).</p> <p>New participants after December 31, 1983: Age 55 with five or more years of service.</p> <p>Members with at least one hour of service on or after January 1, 2008: Age 55 with three years of vesting service.</p>
Annual Benefit	<p>Choice One Participants The accrued benefit determined under the normal retirement benefit formula. Benefit is reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially reduced beyond 10 years by which the commencement of benefits precedes attainment of Social Security normal retirement age.</p> <p>OR</p> <p>Choice Two Participants Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.</p>
Disability Retirement Eligibility	<p>Participants prior to January 1, 1999: Permanent and total disability.</p> <p>New participants after December 31, 1998: Five years of service.</p> <p>Members with at least one hour of service on or after January 1, 2008: Three years of vesting service.</p> <p>The disability retirement benefit has been eliminated prospectively effective January 1, 2013.</p>
Annual Benefit	<p>Choice One Participants A benefit, payable at age 65, determined according to the normal retirement benefit formula and assuming pay</p>

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

continues at the same rate as immediately preceding disability status and assuming 1,000 hours are worked each year.

OR

Choice Two Participants

Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Vested Deferred Retirement
Eligibility

Three years of vesting service.

Annual Benefit

The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age.

All employees who were participants prior to January 1, 1976, are considered fully vested.

Vested terminations can receive benefits prior to Social Security normal retirement age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.

Preretirement Spouse's Survivor Annuity
Eligibility

All vested participants who have not yet begun receiving benefit payments.

Annual Benefit

An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect.

Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the accrued pension account. Beneficiaries of single Choice Two participants will automatically be paid an immediate lump sum equal to the value of the accrued pension account.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Supplemental Early Retirement Benefit
Eligibility

Choice One participants who are age 60 with 10 or more years of vesting service.

Benefit

A benefit, payable until Social Security normal retirement age, equal to \$10 times years of credited service (up to 20 years).

Normal Form of Retirement Benefits

Single life annuity. For married participants, the benefit is payable, on a reduced basis, as a 50% joint and survivor annuity, unless elected otherwise.

Optional Form of Retirement Benefits

100%, 75%, and 50% contingent annuitant option; life income with a 180-month, 120-month, or 60-month payment guarantee; and level income option.

Source of Contributions

100% employer-paid since January 1, 1976.

Definitions

Actuarial Equivalence

Based of the RP2000 mortality table, projected to 2015 using Scale AA, weighted 15% male, and a 7% interest rate.

Annual Cash Balance Credits

For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two participant and earns a year of benefit service, his accrued pension account shall be credited with a cash balance credit determined as follows:

Years of Benefit Service	Annual Cash Balance Credit
0–5	2.0% of compensation
6–10	2.5% of compensation
11–15	3.0% of compensation
16–20	4.0% of compensation
21–25	5.0% of compensation
26+	6.0% of compensation

Credits are to be made at the earlier of the last day of the plan year or severance from service.

Accrued Pension Account Interest

The interest percentage earned on the accrued pension account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being credited.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Compensation	W-2 pay plus elective deferrals less reimbursements or other expense allowances.
Choice One Participant	Participant who is covered under the "final average pay" (FAP) benefit formula.
Choice Two Participant	Participant who is covered under the cash balance formula.
Final Average Pay	<p>Monthly average of a participant's compensation for the period of the five consecutive calendar years during which he received the largest total amount of compensation within the 10 (15, after 2007) complete calendar years preceding his termination of employment.</p> <p>For Choice Two participants, final average pay is determined immediately prior to the date on which the participant becomes a Choice Two participant.</p>
Breakpoint	The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security normal retirement age.
Social Security Normal Retirement Age	<p>The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied:</p> <ul style="list-style-type: none">▪ Without regard to the age increase factor; and▪ As if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.
Vesting Service	Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year's credit can be earned in the year of hire or termination.
Credited Service	Computed on the same basis as vesting service, but limited to a maximum of 30 years before December 31, 2007.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

	After December 31, 2007, a member shall not earn credited service during any period of time that the member is a Choice Two participant.
Benefit Service	<p>Service used to determine the amount of the cash balance credits.</p> <p>Pre-2008 benefit service is equal to the years and partial years of credited service the member had as of December 31, 2007.</p> <p>Post-2007 benefit service is granted for each plan year in which a member completes 1,000 hours of service. Service is not granted during periods of disability.</p>
Accumulation of Employee Contributions	Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.
Member	Any current or former participant who is receiving or is entitled to receive benefits under this plan.
Plan Year	January 1 to December 31.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Atrium Medical Center

Effective Date and Plan Year

Original plan: January 1, 1998 (for restated plan).

Restated plan: January 1, 2008.

Plan year: January 1, through December 31.

Status of the Plan

The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.

Definitions

Covered Employees

A person who is eligible to be a participant in the plan if and after he meets all of the participation requirements.

Participation

All covered employees of the employer are eligible to participate in the plan on the first day of the month following completion of one year of service, but after attainment of age 21.

Employee Contributions

None.

Vesting Service

An employee shall receive one year of vesting service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit).

Credited Service

An employee shall receive one year of credited service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit). If an employee participates in the new plan then they must be a participant to receive credited service.

Pensionable Earnings

Total annual earnings as shown in box 1 of IRS Form W-2 (excluding sign-on or referral bonuses, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and severance pay) plus amounts considered elective contributions that are not included in federal income tax purposes under IRS Code sections 125, 402(e)(3), 402(h), and/or 132(f)(4).

Accrued Benefit

Actuarial equivalent of cash balance account at normal retirement. This cannot be less than the actuarially

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

equivalent value of the December 31, 1997, accrued benefit under the prior plan.

Normal Retirement

Eligibility

The first day of the month coincident with or immediately following the member's sixty-fifth birthday.

Old Plan Benefit

Initial account balance: The account balance of any participant of the prior plan will be credited with an amount equal to the actuarial equivalent of the participant's prior plan benefit based on the accrued benefit determined under the terms of the plan in effect on December 31, 1997.

Service credits: The service credit is equal to 3% of compensation for plan years in which a participant earns 832 hours of service (1,000 hours after January 1, 2006 or if the employee participates in the new plan benefit).

Interest credit: As of the last day of each plan year, a participant's account balance will be credited with interest equal to the product of the participant's account balance multiplied by the average of the one year U.S. Treasury bill yield during third calendar quarter of the previous year.

Benefits for participants with the Old Plan Benefit will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

New Plan Benefit

On January 1, 2008 all active participants were given the option to stay with the Old Plan formula or switch to the New Plan formula. For those that elected to switch, the Old Plan benefit would receive no additional service credits. Their future accruals under the New Plan are detailed below. All new participants on or after January 1, 2008 will be placed in the New Plan.

Service credits: The service credit is equal to the percentage of compensation detailed in the table below for plan years in which a participant earns 1,000 hours of service.

Years of Service	Contribution Percentage
1–5	2.0%
6–10	2.5%
11–15	3.0%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

16–20	4.0%
21–25	5.0%
26+	6.0%

Interest credit: As of the last day of each plan year, a participant's account balance will be credited with interest equal to the product of the participant's account balance multiplied by the average of the 10 year U.S. Treasury bill yield during August of the previous year (at least 4.01%).

Benefits for participants with the New Plan Benefit will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Early Retirement
Eligibility

First day of the month following age 55 and three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the early retirement date.

Late Retirement
Eligibility

The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.

Benefit

The account balance as defined for normal retirement, with accruals through the late retirement date.

Deferred Vested
Eligibility

Completion of three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the date of termination. Interest Credits are credited to the account balance up until the balance is distributed.

Disability
Eligibility

Based on determination of total and permanent disability with three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the date of disability. Interest credits are credited to the account balance up until the balance is distributed.

Preretirement Death

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Eligibility	If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.
Benefit	A one-time payment equal to the participant's cash balance account. A surviving spouse also has the option of receiving a life only monthly benefit that is actuarially equivalent to the participant's cash balance as of the date of death.
Form of Benefits	
Automatic Form for Unmarried Participants	Single life annuity.
Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity.
Option Forms	Life only; Life and 5 years certain; Life and 10 years certain; Life and 15 years certain; Joint and 50% survivor; Joint and 75% survivor; Joint and 100% survivor; Level income; Lump sum.
Optional Form Conversion Factors	Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year. Other annuity forms: RP-2000 mortality table projected to 2015 weighted 15% male 85% female and 7% interest.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Upper Valley Medical Center (Prior DB Plan)

Effective Date	January 1, 1987, last amended and restated effective January 1, 2008, last amended effective January 1, 2009.
Plan Year	The 12-month period beginning each January 1.
Participation	Any employee who has completed one year of vesting service and has attained age 21 shall be eligible to participate on the following January 1 or July 1. Effective March 1, 2001, no new participants are permitted in this plan. Each participant age 40 or older as of January 1, 2001, who affirmatively elected to continue participation under this plan continues to accrue benefits under this plan. Each other participant had their accrued benefit under this plan frozen as of March 1, 2001, with such benefit based on average monthly compensation and benefit service as of March 1, 2001. If any former employee or former participant is re-employed by the company on or after March 1, 2001, such re-employed employee may not participant in this plan upon re-employment.
Compensation	Total compensation for the calendar year as limited by IRC section 415(c)(3) including modifications by IRC sections 403(b), 401(k), 132(f)(4), 125, 402(h), and 457(b).
Annualized Compensation	Compensation for purposes of calculating the average monthly compensation shall be annualized on a 2,080 hour basis. Hours for this purpose include hours actually worked, but not on-call hours or any other hours during which the employee is not actually working, such as hours credited for a leave of absence or excused on census hours.
Average Monthly Compensation	1/60th of annualized compensation for the highest five consecutive years of employment out of the last 10 years of employment. Such 10 year period shall end with the last plan year preceding the plan year in which the employee terminates employment.
Vesting Service	One year of vesting service is earned for each plan year in which 1,000 hours are worked. All hours of service are included for this purpose.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Benefit Service

For each plan year, benefit service is credited based on hours of service according to the following table:

Hours in Plan Year	Credit
Less than 1,000	0.0
1,000–1,199	0.6
1,200–1,399	0.7
1,400–1,599	0.8
1,600–1,799	0.9
1,800 or more	1.0

For each plan year for which hours of service is less than 1,000, and only a partial plan year is worked, benefit service is credited based on hours of service according to the following table:

Hours in Partial Plan Year	Credit
Less than 200	0.0
200–399	0.1
400–599	0.2
600–799	0.3
800–999	0.4

Hours for this purpose include up to 500 hours each of hours credited because of excused on census or approved leave of absence.

Accrued Benefit

A monthly life annuity starting at age 65 equal to 1.0% of average monthly compensation multiplied by the number of years of benefit service.

Benefits will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula. Participants will receive an additional 2% pay credit for a period of five years beginning in 2018

Normal Retirement Benefit
Eligibility

Age 65.

Monthly Benefit

The accrued benefit.

Early Retirement Benefit

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Eligibility	Age 55 and five years of vesting service. Dettmer participants prior to December 31, 1986 are eligible at age 50 and 10 years of vesting service.
Monthly Benefit	The accrued benefit at normal retirement, or early retirement reduced by 5/9 of 1% for each of the first 60 months and by 5/18 of 1% for each of the next 120 months that early retirement date precedes normal retirement.
Late Retirement Benefit	
Eligibility	Any age after normal retirement age.
Monthly Benefit	The accrued benefit.
Disability Retirement Benefit	
Eligibility	Completion of five years of vesting service and permanent and total disability at any age.
Monthly Benefit	The accrued benefit as of date of disability payable at normal retirement, or a reduced amount at early retirement.
Termination Benefit	
Eligibility	Upon termination of employment prior to retirement after completion of at least five years of vesting service.
Monthly Benefit	The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.
Death Benefit	
Eligibility	100% vested and married for at least one year.
Monthly Benefit	A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% joint and survivor annuity form of payment.
Optional Forms of Payments	Life annuity; Joint and survivor with 50%, 66⅔%, 75% or 100% continuation; 5 year or 10 year certain and continuous. The conversion factors are based on the 1984 Unisex Pension table and 7.50% interest.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Benefits Available as Lump Sums

This plan pays small benefit amounts (less than \$1,000) automatically, and participants can elect a lump sum if the lump sum value is between \$1,000 and \$5,000. Lump sums over \$5,000 are not available.

The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC section 417(e).

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Upper Valley Medical Center (Prior DC Participants)

Participation

Employees of Upper Valley Medical Center receiving self-directed DC benefits became eligible to participate in the plan effective January 1, 2013.

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that annual cash balance credits are based on the following table:

Years of Benefit Service	Annual Cash Balance Credit
0–4	3.0% of compensation
5–9	4.0% of compensation
10+	5.0% of compensation

Interest Credit: The interest percentage earned on the cash balance account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the Plan Year as of which the interest is being earned (at least 3.79%)

Benefits will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Good Samaritan Hospital
Participation

Employees of Good Samaritan Hospital became eligible to participate the plan effective January 1, 2013.

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that annual cash balance credits are based on the following table:

Years of Benefit Service	Annual Cash Balance Credit
0–5	5.0% of compensation
6–10	6.0% of compensation
11–15	7.5% of compensation
16+	10.0% of compensation

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump sum payments from the 2016 plan year 417(e)(3) mortality table to the 2017 plan year 417(e)(3) mortality table.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the Optional Payment Form Election for Terminated Vested Cash Balance participants from 100% immediate lump sum to 100% deferred to age 55 lump sum.

The non-prescribed change was made to better reflect the anticipated plan experience. This change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017
Number of Participants, Average Compensation, and Average Cash Balance

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	52	401	1							
	\$22,784	\$34,605 \$1,080								
25-29	56	911	272	1						
	\$37,285	\$45,350 \$1,977	\$46,630 \$5,756							
30-34	51	596	525	192	6					
	\$25,255 \$20	\$51,581 \$2,333	\$54,629 \$6,687	\$54,682 \$9,138						
35-39	37	494	354	263	147	4				
	\$35,372 \$333	\$57,497 \$2,645	\$61,709 \$7,712	\$62,930 \$10,143	\$58,548 \$13,102					
40-44	30	404	297	215	215	68	3			
	\$46,955	\$65,678 \$2,926	\$67,383 \$7,981	\$71,257 \$9,313	\$67,220 \$14,317	\$66,937 \$14,812				
45-49	33	337	289	218	239	140	82	5		
	\$40,461	\$62,266 \$2,855	\$67,380 \$7,888	\$66,774 \$9,307	\$71,618 \$11,633	\$74,372 \$11,460	\$72,270 \$14,636			
50-54	38	303	263	220	245	145	149	69	7	
	\$46,964	\$59,747 \$2,870	\$62,856 \$7,841	\$66,642 \$8,956	\$67,422 \$11,345	\$76,177 \$9,635	\$77,249 \$16,746	\$71,908 \$14,584		
55-59	34	231	226	214	267	174	134	120	122	19
	\$35,593 \$169	\$71,980 \$3,609	\$60,314 \$8,212	\$56,112 \$8,863	\$62,905 \$9,367	\$79,536 \$8,382	\$83,257 \$16,693	\$78,867 \$13,765	\$73,854 \$17,000	
60-64	18	182	170	142	206	145	113	77	116	86
		\$67,099 \$3,854	\$61,749 \$8,305	\$60,869 \$7,913	\$61,919 \$8,441	\$76,496 \$10,763	\$67,808 \$11,135	\$87,281 \$20,505	\$76,959 \$23,853	\$72,620 \$26,430
65-69	16	55	56	48	55	25	22	24	36	38
		\$65,153 \$4,553	\$79,378 \$9,110	\$48,457 \$5,492	\$60,393 \$8,641	\$62,962 \$11,634	\$65,656 \$11,304	\$74,540 \$17,183	\$71,674 \$39,579	\$76,039 \$18,994
70+	10	29	9	14	13	6	5	2	2	
		\$70,548								

N-11638

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2017

Date	Amount	Days to Discount to 1/1/2017 at 5.91%	Interest Adjusted Contribution
September 14, 2018	\$ 9,100,000	621	\$ 8,253,048
Total Contribution	\$ 9,100,000		\$ 8,253,048

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	8.00%	0.7787	3.64
59.5	10.00%	0.7164	4.26
60.5	10.00%	0.6448	3.90
61.5	10.00%	0.5803	3.57
62.5	15.00%	0.5223	4.90
63.5	15.00%	0.4439	4.23
64.5	25.00%	0.3773	6.08
65.5	30.00%	0.2830	5.56
66.5	30.00%	0.1981	3.95
67.5	30.00%	0.1387	2.81
68.5	25.00%	0.0971	1.66
69.5	25.00%	0.0728	1.26
70	100.00%	0.0546	3.82
Weighted Average			62.13

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Med America

History of Plan

Miami Valley Hospital established the Miami Valley Hospital Employees Retirement Plan for the benefit of its employees on January 1, 1951. Prior to January 1, 1971, benefits were provided under Group Annuity Contract issued by the National Health and Welfare Retirement Association.

Effective January 1, 1976, the plan was amended and restated to comply with ERISA. Benefits provided by the plan to eligible employees include normal, early, vesting, and disability retirement benefits. The plan also provides a preretirement surviving spouse's benefit. The benefit formula is of the career average type with a different percentage applied to compensation above and below a given breakpoint.

Effective January 1, 1979, the plan was amended to update the benefit formula for future accrual, limit service to 30 years, change the normal form of benefit to a life annuity (from a three-year certain and continuous), and reduce the preretirement surviving spouse's benefit to the ERISA minimum requirement.

Effective January 1, 1980, the plan was amended to grant benefit increases for retirees prior to December 31, 1979.

Effective January 1, 1984, the plan was amended to change the breakpoints and accrual percentages in the benefit formula, change participation requirement to age 25 with one year of service, increase the early retirement age for new hires to age 55 with five years of service, and provide preretirement surviving spouse protection on a company-paid basis for employees eligible for early retirement.

Effective January 1, 1985, the plan was amended to reduce the required participation age to age 21, and to extend preretirement surviving spouse protection to all active vested participants.

As reflected in the 1986 valuation, the plan was further amended to change the benefit formula (including a change in the breakpoint definition), and provide 10-year cliff vesting for new participants. In addition, a special retirement program was offered to a small group of participants employed in the diagnostic laboratories, and an ad hoc benefit increase was granted to all retirees who retired prior to January 1, 1985.

Effective January 1, 1988, the age 60 maximum entry age restriction was eliminated. In addition, benefit accruals are required to be granted past age 65.

Effective January 1, 1989, the plan was amended to change the benefit formula to a final five-year average pay excess plan and to provide five-year cliff vesting.

Effective October 13, 1995, the lump sum payouts are based on the GATT actuarial factors.

Effective January 1, 1996, an ad hoc benefit increase was granted to all current retirees. Effective for retirements after January 1, 1996, employees who retire at or after age 60 with 10 or more years of service will receive a monthly benefit equal to \$10 times years of credited service (up to 20 years), payable until Social Security normal retirement age. In addition, Fidelity Home Health Care employees became participants of the plan as of January 1, 1996.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.

Effective January 1, 2008, the plan was amended and restated to reflect changes in the law resulting from the Economic Growth and Tax Relief Reconciliation Act of 2001 and other legislation and regulations issued since the plan's last restatement. In addition, the plan now includes a cash balance formula applicable to post-December 31, 2007 participants and other participants who voluntarily chose to be covered under this cash balance formula.

Effective January 1, 2009, vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.

Effective December 31, 2012, the Atrium Health System Cash Balance Plan and Upper Valley Medical Center Retirement Plan were merged into the MedAmerica Health Systems Corp. Employees Retirement Plan, with the surviving plan renamed the Premier Health Partners Employees Retirement Plan.

Effective January 1, 2013, employees of Good Samaritan Hospital entered the plan and began accruing benefits under the "Good Sam Enhanced Formula." Also, employees of Upper Valley Medical Center previously receiving self-directed DC benefits entered the plan and began accruing under the 3%–5% cash balance formula.

Effective January 1, 2018, all legacy pension participants will begin earning benefits under the PHP cash balance formula. Participants with the MedAmerica final average pay formula, the Upper Valley Medical Center final average pay formula, and the Good Sam enhanced formula will receive an additional 2% pay credit for a period of five years.

A brief summary of the major plan provisions in effect on the valuation date can be found on the following pages.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Effective Date	Original plan: January 1, 1951. Amended and completely restated on January 1, 2008.
Employees Covered	All active employees excluding interns, externs, residents, or students in a non-employee status, and any minister for whom the employer contributes to another pension plan.
Participation Requirements	All eligible employees who have attained age 21 and have completed one year of service. Employees who were participants in the plan on December 31, 1988, automatically participate in the plan on January 1, 1989. Effective January 1, 1996, Fidelity Home Health Care employees became participants of the plan. Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.
Normal Retirement Eligibility	<p>Age 65 and five years of service.</p> <p>Members with at least one hour of service on or after January 1, 2008: Age 65.</p>
Annual Benefit	<p>Choice One Participants The sum of (a) and (b) below multiplied by credited service after January 1, 1971:</p> <p>(a) 0.90% x final average pay up to a breakpoint.</p> <p>(b) 1.65% x final average pay in excess of the breakpoint.</p> <p>A participant's normal retirement benefit is the accrued benefit actuarially reduced for each month commencement of benefits precedes attainment of Social Security normal retirement age.</p> <p>Benefits for Choice One Participants will be frozen on December 31, 2017, with future benefits earned under the Choice Two formula. Choice One Participants will receive an additional 2% pay credit for a period of five years beginning in 2018.</p> <p>OR</p> <p>Choice Two Participants Accrued pension account: A cash balance account equal to the sum of the annual cash balance credits and the</p>

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

	accrued pension account interest. Plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.
Minimum Benefit	The accrued benefit on December 31, 1988, as determined under the terms of the plan on such date.
Early Retirement Eligibility	<p>Participants prior to January 1, 1984: Age 50 (Not applicable for Choice Two participants).</p> <p>New participants after December 31, 1983: Age 55 with five or more years of service.</p> <p>Members with at least one hour of service on or after January 1, 2008: Age 55 with three years of vesting service.</p>
Annual Benefit	<p>Choice One Participants</p> <p>The accrued benefit determined under the normal retirement benefit formula. Benefit is reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially reduced beyond 10 years by which the commencement of benefits precedes attainment of Social Security normal retirement age.</p> <p>OR</p> <p>Choice Two Participants</p> <p>Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.</p>
Disability Retirement Eligibility	<p>Participants prior to January 1, 1999: Permanent and total disability.</p> <p>New participants after December 31, 1998: Five years of service.</p> <p>Members with at least one hour of service on or after January 1, 2008: Three years of vesting service.</p> <p>The disability retirement benefit has been eliminated prospectively effective January 1, 2013.</p>
Annual Benefit	<p>Choice One Participants</p> <p>A benefit, payable at age 65, determined according to the normal retirement benefit formula and assuming pay</p>

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

continues at the same rate as immediately preceding disability status and assuming 1,000 hours are worked each year.

OR

Choice Two Participants

Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Vested Deferred Retirement
Eligibility

Three years of vesting service.

Annual Benefit

The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age.

All employees who were participants prior to January 1, 1976, are considered fully vested.

Vested terminations can receive benefits prior to Social Security normal retirement age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.

Preretirement Spouse's Survivor Annuity
Eligibility

All vested participants who have not yet begun receiving benefit payments.

Annual Benefit

An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect.

Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the accrued pension account. Beneficiaries of single Choice Two participants will automatically be paid an immediate lump sum equal to the value of the accrued pension account.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Supplemental Early Retirement Benefit
Eligibility

Choice One participants who are age 60 with 10 or more years of vesting service.

Benefit

A benefit, payable until Social Security normal retirement age, equal to \$10 times years of credited service (up to 20 years).

Normal Form of Retirement Benefits

Single life annuity. For married participants, the benefit is payable, on a reduced basis, as a 50% joint and survivor annuity, unless elected otherwise.

Optional Form of Retirement Benefits

100%, 75%, and 50% contingent annuitant option; life income with a 180-month, 120-month, or 60-month payment guarantee; and level income option.

Source of Contributions

100% employer-paid since January 1, 1976.

Definitions

Actuarial Equivalence

Based of the RP2000 mortality table, projected to 2015 using Scale AA, weighted 15% male, and a 7% interest rate.

Annual Cash Balance Credits

For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two participant and earns a year of benefit service, his accrued pension account shall be credited with a cash balance credit determined as follows:

Years of Benefit Service	Annual Cash Balance Credit
0–5	2.0% of compensation
6–10	2.5% of compensation
11–15	3.0% of compensation
16–20	4.0% of compensation
21–25	5.0% of compensation
26+	6.0% of compensation

Credits are to be made at the earlier of the last day of the plan year or severance from service.

Accrued Pension Account Interest

The interest percentage earned on the accrued pension account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being credited.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Compensation	W-2 pay plus elective deferrals less reimbursements or other expense allowances.
Choice One Participant	Participant who is covered under the “final average pay” (FAP) benefit formula.
Choice Two Participant	Participant who is covered under the cash balance formula.
Final Average Pay	<p>Monthly average of a participant’s compensation for the period of the five consecutive calendar years during which he received the largest total amount of compensation within the 10 (15, after 2007) complete calendar years preceding his termination of employment.</p> <p>For Choice Two participants, final average pay is determined immediately prior to the date on which the participant becomes a Choice Two participant.</p>
Breakpoint	The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security normal retirement age.
Social Security Normal Retirement Age	<p>The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied:</p> <ul style="list-style-type: none">▪ Without regard to the age increase factor; and▪ As if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.
Vesting Service	Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year’s credit can be earned in the year of hire or termination.
Credited Service	Computed on the same basis as vesting service, but limited to a maximum of 30 years before December 31, 2007.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

	After December 31, 2007, a member shall not earn credited service during any period of time that the member is a Choice Two participant.
Benefit Service	<p>Service used to determine the amount of the cash balance credits.</p> <p>Pre-2008 benefit service is equal to the years and partial years of credited service the member had as of December 31, 2007.</p> <p>Post-2007 benefit service is granted for each plan year in which a member completes 1,000 hours of service. Service is not granted during periods of disability.</p>
Accumulation of Employee Contributions	Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.
Member	Any current or former participant who is receiving or is entitled to receive benefits under this plan.
Plan Year	January 1 to December 31.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Atrium Medical Center

Effective Date and Plan Year

Original plan: January 1, 1998 (for restated plan).

Restated plan: January 1, 2008.

Plan year: January 1, through December 31.

Status of the Plan

The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.

Definitions

Covered Employees

A person who is eligible to be a participant in the plan if and after he meets all of the participation requirements.

Participation

All covered employees of the employer are eligible to participate in the plan on the first day of the month following completion of one year of service, but after attainment of age 21.

Employee Contributions

None.

Vesting Service

An employee shall receive one year of vesting service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit).

Credited Service

An employee shall receive one year of credited service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit). If an employee participates in the new plan then they must be a participant to receive credited service.

Pensionable Earnings

Total annual earnings as shown in box 1 of IRS Form W-2 (excluding sign-on or referral bonuses, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and severance pay) plus amounts considered elective contributions that are not included in federal income tax purposes under IRS Code sections 125, 402(e)(3), 402(h), and/or 132(f)(4).

Accrued Benefit

Actuarial equivalent of cash balance account at normal retirement. This cannot be less than the actuarially

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

equivalent value of the December 31, 1997, accrued benefit under the prior plan.

Normal Retirement

Eligibility

The first day of the month coincident with or immediately following the member's sixty-fifth birthday.

Old Plan Benefit

Initial account balance: The account balance of any participant of the prior plan will be credited with an amount equal to the actuarial equivalent of the participant's prior plan benefit based on the accrued benefit determined under the terms of the plan in effect on December 31, 1997.

Service credits: The service credit is equal to 3% of compensation for plan years in which a participant earns 832 hours of service (1,000 hours after January 1, 2006 or if the employee participates in the new plan benefit).

Interest credit: As of the last day of each plan year, a participant's account balance will be credited with interest equal to the product of the participant's account balance multiplied by the average of the one year U.S. Treasury bill yield during third calendar quarter of the previous year.

Benefits for participants with the Old Plan Benefit will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

New Plan Benefit

On January 1, 2008 all active participants were given the option to stay with the Old Plan formula or switch to the New Plan formula. For those that elected to switch, the Old Plan benefit would receive no additional service credits. Their future accruals under the New Plan are detailed below. All new participants on or after January 1, 2008 will be placed in the New Plan.

Service credits: The service credit is equal to the percentage of compensation detailed in the table below for plan years in which a participant earns 1,000 hours of service.

Years of Service	Contribution Percentage
1–5	2.0%
6–10	2.5%
11–15	3.0%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

16–20	4.0%
21–25	5.0%
26+	6.0%

Interest credit: As of the last day of each plan year, a participant's account balance will be credited with interest equal to the product of the participant's account balance multiplied by the average of the 10 year U.S. Treasury bill yield during August of the previous year (at least 4.01%).

Benefits for participants with the New Plan Benefit will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Early Retirement
Eligibility

First day of the month following age 55 and three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the early retirement date.

Late Retirement
Eligibility

The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.

Benefit

The account balance as defined for normal retirement, with accruals through the late retirement date.

Deferred Vested
Eligibility

Completion of three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the date of termination. Interest Credits are credited to the account balance up until the balance is distributed.

Disability
Eligibility

Based on determination of total and permanent disability with three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the date of disability. Interest credits are credited to the account balance up until the balance is distributed.

Preretirement Death

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Eligibility	If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.
Benefit	A one-time payment equal to the participant's cash balance account. A surviving spouse also has the option of receiving a life only monthly benefit that is actuarially equivalent to the participant's cash balance as of the date of death.
Form of Benefits	
Automatic Form for Unmarried Participants	Single life annuity.
Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity.
Option Forms	Life only; Life and 5 years certain; Life and 10 years certain; Life and 15 years certain; Joint and 50% survivor; Joint and 75% survivor; Joint and 100% survivor; Level income; Lump sum.
Optional Form Conversion Factors	Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year. Other annuity forms: RP-2000 mortality table projected to 2015 weighted 15% male 85% female and 7% interest.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Upper Valley Medical Center (Prior DB Plan)

Effective Date	January 1, 1987, last amended and restated effective January 1, 2008, last amended effective January 1, 2009.
Plan Year	The 12-month period beginning each January 1.
Participation	Any employee who has completed one year of vesting service and has attained age 21 shall be eligible to participate on the following January 1 or July 1. Effective March 1, 2001, no new participants are permitted in this plan. Each participant age 40 or older as of January 1, 2001, who affirmatively elected to continue participation under this plan continues to accrue benefits under this plan. Each other participant had their accrued benefit under this plan frozen as of March 1, 2001, with such benefit based on average monthly compensation and benefit service as of March 1, 2001. If any former employee or former participant is re-employed by the company on or after March 1, 2001, such re-employed employee may not participant in this plan upon re-employment.
Compensation	Total compensation for the calendar year as limited by IRC section 415(c)(3) including modifications by IRC sections 403(b), 401(k), 132(f)(4), 125, 402(h), and 457(b).
Annualized Compensation	Compensation for purposes of calculating the average monthly compensation shall be annualized on a 2,080 hour basis. Hours for this purpose include hours actually worked, but not on-call hours or any other hours during which the employee is not actually working, such as hours credited for a leave of absence or excused on census hours.
Average Monthly Compensation	1/60th of annualized compensation for the highest five consecutive years of employment out of the last 10 years of employment. Such 10 year period shall end with the last plan year preceding the plan year in which the employee terminates employment.
Vesting Service	One year of vesting service is earned for each plan year in which 1,000 hours are worked. All hours of service are included for this purpose.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Benefit Service

For each plan year, benefit service is credited based on hours of service according to the following table:

Hours in Plan Year	Credit
Less than 1,000	0.0
1,000–1,199	0.6
1,200–1,399	0.7
1,400–1,599	0.8
1,600–1,799	0.9
1,800 or more	1.0

For each plan year for which hours of service is less than 1,000, and only a partial plan year is worked, benefit service is credited based on hours of service according to the following table:

Hours in Partial Plan Year	Credit
Less than 200	0.0
200–399	0.1
400–599	0.2
600–799	0.3
800–999	0.4

Hours for this purpose include up to 500 hours each of hours credited because of excused on census or approved leave of absence.

Accrued Benefit

A monthly life annuity starting at age 65 equal to 1.0% of average monthly compensation multiplied by the number of years of benefit service.

Benefits will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula. Participants will receive an additional 2% pay credit for a period of five years beginning in 2018

Normal Retirement Benefit

Eligibility

Age 65.

Monthly Benefit

The accrued benefit.

Early Retirement Benefit

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Eligibility	Age 55 and five years of vesting service. Dettmer participants prior to December 31, 1986 are eligible at age 50 and 10 years of vesting service.
Monthly Benefit	The accrued benefit at normal retirement, or early retirement reduced by 5/9 of 1% for each of the first 60 months and by 5/18 of 1% for each of the next 120 months that early retirement date precedes normal retirement.
Late Retirement Benefit	
Eligibility	Any age after normal retirement age.
Monthly Benefit	The accrued benefit.
Disability Retirement Benefit	
Eligibility	Completion of five years of vesting service and permanent and total disability at any age.
Monthly Benefit	The accrued benefit as of date of disability payable at normal retirement, or a reduced amount at early retirement.
Termination Benefit	
Eligibility	Upon termination of employment prior to retirement after completion of at least five years of vesting service.
Monthly Benefit	The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.
Death Benefit	
Eligibility	100% vested and married for at least one year.
Monthly Benefit	A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% joint and survivor annuity form of payment.
Optional Forms of Payments	Life annuity; Joint and survivor with 50%, 66⅔%, 75% or 100% continuation; 5 year or 10 year certain and continuous. The conversion factors are based on the 1984 Unisex Pension table and 7.50% interest.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Benefits Available as Lump Sums

This plan pays small benefit amounts (less than \$1,000) automatically, and participants can elect a lump sum if the lump sum value is between \$1,000 and \$5,000. Lump sums over \$5,000 are not available.

The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC section 417(e).

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Upper Valley Medical Center (Prior DC Participants)

Participation

Employees of Upper Valley Medical Center receiving self-directed DC benefits became eligible to participate in the plan effective January 1, 2013.

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that annual cash balance credits are based on the following table:

Years of Benefit Service	Annual Cash Balance Credit
0–4	3.0% of compensation
5–9	4.0% of compensation
10+	5.0% of compensation

Interest Credit: The interest percentage earned on the cash balance account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the Plan Year as of which the interest is being earned (at least 3.79%)

Benefits will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Good Samaritan Hospital

Participation

Employees of Good Samaritan Hospital became eligible to participate the plan effective January 1, 2013.

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that annual cash balance credits are based on the following table:

Years of Benefit Service	Annual Cash Balance Credit
0–5	5.0% of compensation
6–10	6.0% of compensation
11–15	7.5% of compensation
16+	10.0% of compensation

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump sum payments from the 2016 plan year 417(e)(3) mortality table to the 2017 plan year 417(e)(3) mortality table.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	CASH	Cash		2,543,792	\$ 2,543,792	\$ 2,543,792
*	STATE STREET SHORT TERM INV FD	Money Market Fund	12/31/2030	19,418,249	19,418,249	19,418,249
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		2,980,241	35,566,173	41,306,134
	VANGUARD DEVELOPED MARKETS IND	Mutual Fund		1,985,019	23,484,776	28,643,827
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		409,989	17,992,854	29,019,029
					77,043,803	98,968,990
	S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		115,560	49,736,438	74,457,163
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		2,605,327	35,723,375	55,493,456
					85,459,813	129,950,619
	STRIP PRINC	US Government & Agency Security	2/15/2046	9,995,000	4,560,218	4,564,117
	STRIP PRINC	US Government & Agency Security	2/15/2045	7,000,000	3,245,620	3,290,770
	STRIP PRINC	US Government & Agency Security	5/15/2045	7,000,000	3,221,960	3,272,290
	STRIPS	US Government & Agency Security	2/15/2032	32,000,000	22,198,440	22,084,800
	STRIPS	US Government & Agency Security	11/15/2031	21,250,000	14,958,622	14,772,575
	US TREASURY N/B	US Government & Agency Security	8/15/2047	2,205,000	2,187,535	2,207,756
	US TREASURY N/B	US Government & Agency Security	11/15/2027	255,000	252,304	251,405
	US TREASURY N/B	US Government & Agency Security	11/15/2047	52,000,000	52,146,250	52,085,280
	US TREASURY N/B	US Government & Agency Security	2/15/2029	1,500,000	1,966,647	1,910,280
	US TREASURY N/B	US Government & Agency Security	8/15/2047	19,885,000	19,423,823	19,909,856
	US TREASURY N/B	US Government & Agency Security	5/15/2047	12,040,000	12,738,202	12,658,495
	US TREASURY N/B	US Government & Agency Security	11/15/2027	26,060,000	25,806,944	25,692,554
					162,706,565	162,700,178
	REPUBLIC OF CHILE	Foreign Government Security	6/21/2047	175,000	174,721	179,725
	REPUBLIC OF COLOMBIA	Foreign Government Security	2/26/2044	425,000	445,060	486,625
	REPUBLIC OF COLOMBIA	Foreign Government Security	6/15/2045	660,000	649,676	697,950
	REPUBLIC OF PANAMA	Foreign Government Security	5/15/2047	145,000	144,981	156,092
	REPUBLICA ORIENT URUGUAY	Foreign Government Security	6/18/2050	595,000	552,071	660,450
	SAUDI INTERNATIONAL BOND	Foreign Government Security	10/4/2047	705,000	700,700	720,017
	UNITED MEXICAN STATES	Foreign Government Security	1/15/2047	575,000	506,555	549,125
	UNITED MEXICAN STATES	Foreign Government Security	10/12/2099	605,000	566,682	644,325
	UNITED MEXICAN STATES	Foreign Government Security	1/23/2046	290,000	261,870	285,940
					4,002,316	4,380,249
	BAY AREA CA TOLL AUTH TOLL BRI	Municipal Bond	4/1/2049	585,000	792,400	864,232
	CALIFORNIA ST	Municipal Bond	4/1/2034	500,000	709,925	740,410
	CALIFORNIA ST	Municipal Bond	4/1/2039	1,000,000	1,487,070	1,573,610
	CALIFORNIA ST	Municipal Bond	11/1/2040	30,000	44,433	47,908
	LOS ANGELES CA CMNTY CLG DIST	Municipal Bond	8/1/2049	265,000	386,132	411,325
	LOS ANGELES CA DEPT WTR PWR	Municipal Bond	7/1/2039	525,000	653,819	692,675
	LOS ANGELES CA UNIF SCH DIST	Municipal Bond	7/1/2034	350,000	471,422	483,392
	MASSACHUSETTS ST	Municipal Bond	12/1/2039	500,000	611,120	637,065
	N TX TOLLWAY AUTH REVENUE	Municipal Bond	1/1/2049	300,000	426,153	456,387
	NEW JERSEY ST TURNPIKE AUTH	Municipal Bond	1/1/2040	600,000	875,988	926,112
	PORT AUTH OF NEW YORK NEW JE	Municipal Bond	10/1/2062	700,000	712,174	808,311
	TEXAS ST TRANSPRTN COMMISSION	Municipal Bond	4/1/2030	300,000	350,598	360,432
	UNIV OF TEXAS TX PERMANENT UNI	Municipal Bond	7/1/2039	550,000	669,405	707,954
					8,190,639	8,709,813
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	2/15/2041	320,000	370,294	424,813
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	12/1/2045	320,000	445,971	507,651
	3M COMPANY	Corporate Bond Obligation	10/15/2047	130,000	128,775	133,415
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2026	170,000	175,113	174,568
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2046	630,000	676,118	722,295
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	195,000	193,937	208,948
	ABBVIE INC	Corporate Bond Obligation	5/14/2035	610,000	600,161	669,987
	ABBVIE INC	Corporate Bond Obligation	5/14/2045	145,000	159,558	162,586
	AEP TEXAS INC	Corporate Bond Obligation	10/1/2047	80,000	79,080	82,253
	AETNA INC	Corporate Bond Obligation	5/15/2042	25,000	24,408	26,775
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	400,000	476,175	533,484
	ALEXANDRIA REAL ESTATE E	Corporate Bond Obligation	1/15/2026	165,000	171,092	172,884

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	ALLERGAN FUNDING SCS	Corporate Bond Obligation	3/15/2045	132,000	135,533	140,522
	ALLERGAN FUNDING SCS	Corporate Bond Obligation	6/15/2044	215,000	212,622	230,142
	ALTRIA GROUP INC	Corporate Bond Obligation	9/16/2046	280,000	268,796	277,847
	ALTRIA GROUP INC	Corporate Bond Obligation	8/9/2042	280,000	277,007	293,854
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2037	445,000	443,892	472,190
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2047	605,000	600,529	652,021
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	3/30/2040	340,000	402,203	432,041
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/16/2044	670,000	667,242	721,657
	AMERICAN INTL GROUP	Corporate Bond Obligation	2/15/2024	240,000	249,161	253,584
	AMGEN INC	Corporate Bond Obligation	5/1/2045	125,000	129,697	136,005
	AMGEN INC	Corporate Bond Obligation	6/15/2051	510,000	529,650	570,440
	ANADARKO FINANCE CO	Corporate Bond Obligation	5/1/2031	655,000	822,352	840,758
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	9/15/2036	75,000	84,658	91,861
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	3/15/2046	200,000	246,278	257,256
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	3/15/2026	40,000	39,876	44,879
	ANHEUSER BUSCH INBEV FIN	Corporate Bond Obligation	2/1/2036	585,000	586,743	654,118
	ANHEUSER BUSCH INBEV FIN	Corporate Bond Obligation	2/1/2046	1,435,000	1,502,792	1,663,151
	ANTHEM INC	Corporate Bond Obligation	5/15/2042	100,000	99,292	108,951
	ANTHEM INC	Corporate Bond Obligation	12/1/2047	565,000	570,647	600,731
	APACHE CORP	Corporate Bond Obligation	4/15/2043	155,000	156,387	159,300
	APACHE CORP	Corporate Bond Obligation	2/1/2042	45,000	47,933	48,722
	APACHE CORP	Corporate Bond Obligation	9/1/2040	60,000	63,198	63,923
	APACHE CORP	Corporate Bond Obligation	1/15/2044	30,000	28,398	29,063
	APPLE INC	Corporate Bond Obligation	2/23/2046	685,000	723,473	802,162
	APPLE INC	Corporate Bond Obligation	8/4/2046	150,000	147,190	156,326
	APPLE INC	Corporate Bond Obligation	5/4/2043	805,000	809,708	836,363
	APPLE INC	Corporate Bond Obligation	2/9/2047	35,000	34,929	38,893
	APPLE INC	Corporate Bond Obligation	9/12/2047	35,000	34,651	35,868
	AT+T INC	Corporate Bond Obligation	6/15/2044	495,000	498,688	489,595
	AT+T INC	Corporate Bond Obligation	2/14/2050	245,000	244,866	248,053
	AT+T INC	Corporate Bond Obligation	6/15/2045	70,000	61,174	64,582
	AT+T INC	Corporate Bond Obligation	5/15/2035	750,000	749,074	745,553
	AT+T INC	Corporate Bond Obligation	8/15/2041	625,000	735,794	679,256
	AT+T INC	Corporate Bond Obligation	8/14/2058	385,000	384,099	386,263
	AT+T INC	Corporate Bond Obligation	9/1/2040	540,000	540,257	569,857
	AT+T INC	Corporate Bond Obligation	3/1/2047	325,000	350,736	347,350
	AT+T INC	Corporate Bond Obligation	11/15/2046	754,000	765,310	770,611
	AT+T INC	Corporate Bond Obligation	5/15/2046	30,000	28,993	29,342
	AT+T INC	Corporate Bond Obligation	3/1/2041	210,000	223,451	247,716
	BAKER HUGHES LLC/CO OBL	Corporate Bond Obligation	12/15/2047	200,000	200,000	203,414
	BANCO SANTANDER SA	Corporate Bond Obligation	2/23/2028	150,000	149,308	150,021
	BANK OF AMERICA CORP	Corporate Bond Obligation	10/21/2027	1,255,000	1,181,055	1,245,362
	BANK OF AMERICA CORP	Corporate Bond Obligation	1/21/2044	110,000	116,922	132,878
	BANK OF AMERICA CORP	Corporate Bond Obligation	7/21/2028	40,000	40,000	40,658
	BANK OF AMERICA CORP	Corporate Bond Obligation	12/20/2028	275,000	272,980	275,061
	BANK OF AMERICA NA	Corporate Bond Obligation	10/15/2036	405,000	494,675	528,152
	BANK ONE CORP	Corporate Bond Obligation	4/29/2027	150,000	184,854	200,597
	BARCLAYS PLC	Corporate Bond Obligation	1/10/2047	430,000	429,600	477,158
	BARRICK PD AU FIN PTY LT	Corporate Bond Obligation	10/15/2039	115,000	127,862	143,457
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2047	1,005,000	1,012,118	1,058,175
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2037	370,000	380,974	388,537
	BAXALTA INC	Corporate Bond Obligation	6/23/2045	475,000	504,293	553,579
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	192,000	229,841	251,543
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2043	185,000	186,160	206,828
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2042	180,000	177,694	202,837
	BERKSHIRE HATHAWAY INC	Corporate Bond Obligation	2/11/2043	60,000	59,212	69,143
	BHP BILLITON FIN USA LTD	Corporate Bond Obligation	9/30/2043	90,000	102,606	110,345
	BOEING CO	Corporate Bond Obligation	3/15/2039	370,000	527,918	544,144
	BROADCOM CRP / CAYMN FI	Corporate Bond Obligation	1/15/2027	530,000	527,777	521,547
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	90,000	95,617	107,886
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	235,000	234,446	255,372
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2037	175,000	224,185	234,582
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	245,000	308,607	319,245
	CANADIAN NATL RESOURCES	Corporate Bond Obligation	6/1/2047	300,000	302,512	335,742
	CANADIAN PACIFIC RR CO	Corporate Bond Obligation	9/15/2115	920,000	1,089,540	1,228,347

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	CARDINAL HEALTH INC	Corporate Bond Obligation	9/15/2045	130,000	132,253	139,731
	CATERPILLAR INC	Corporate Bond Obligation	5/15/2064	550,000	597,421	646,311
*	CATHOLIC HEALTH INITIATI	Corporate Bond Obligation	11/1/2042	335,000	320,662	323,402
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	10/23/2035	710,000	809,443	829,017
	CITIGROUP INC	Corporate Bond Obligation	10/27/2028	635,000	635,091	637,997
	CITIGROUP INC	Corporate Bond Obligation	9/29/2027	505,000	511,045	534,644
	CITIGROUP INC	Corporate Bond Obligation	6/15/2032	445,000	538,254	567,077
	CITIGROUP INC	Corporate Bond Obligation	3/9/2026	265,000	271,996	282,018
	CITIGROUP INC	Corporate Bond Obligation	11/20/2026	105,000	105,535	109,801
	CITIGROUP INC	Corporate Bond Obligation	1/10/2028	115,000	118,166	119,034
	CITIGROUP INC	Corporate Bond Obligation	10/21/2026	165,000	156,194	163,711
	CITIGROUP INC	Corporate Bond Obligation	5/18/2046	170,000	169,076	187,400
	CITIGROUP INC	Corporate Bond Obligation	7/24/2028	235,000	237,283	238,419
	CODELCO INC	Corporate Bond Obligation	8/1/2047	260,000	259,321	279,406
	CODELCO INC	Corporate Bond Obligation	7/17/2042	235,000	217,397	243,131
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	215,000	252,874	268,359
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	515,000	523,224	561,335
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	60,000	59,774	64,109
	COMCAST CORP	Corporate Bond Obligation	11/1/2047	610,000	605,327	630,179
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	300,000	300,000	305,430
	CONOCOPHILLIPS	Corporate Bond Obligation	2/1/2039	265,000	352,363	370,849
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	190,000	204,942	249,681
	CONOCOPHILLIPS HLDG CO	Corporate Bond Obligation	4/15/2029	300,000	382,305	394,023
	CONSOLIDATED EDISON CO O	Corporate Bond Obligation	12/1/2039	325,000	400,371	411,720
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	5/9/2047	110,000	109,515	120,657
	CRED SUIS GP FUN LTD	Corporate Bond Obligation	5/15/2045	60,000	67,219	69,062
	CREDIT SUISSE GROUP AG	Corporate Bond Obligation	1/9/2028	710,000	709,499	740,246
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	200,000	214,536	229,218
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	241,294	289,972	295,727
	DELL INT LLC / EMC CORP	Corporate Bond Obligation	7/15/2046	420,000	499,097	541,187
	DEUTSCHE TELEKOM INT FIN	Corporate Bond Obligation	6/15/2030	240,000	344,814	355,102
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	4/15/2032	235,000	265,125	322,246
	DIAGEO CAPITAL PLC	Corporate Bond Obligation	4/29/2043	340,000	325,122	355,800
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2047	450,000	450,157	469,674
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2037	165,000	164,835	170,955
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	150,000	171,854	203,279
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	670,000	667,315	690,040
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	6/15/2038	100,000	132,539	140,737
	DUKE ENERGY INDIANA INC	Corporate Bond Obligation	8/15/2038	525,000	691,887	721,046
	DUKE ENERGY INDIANA INC	Corporate Bond Obligation	7/15/2043	130,000	129,411	156,428
	DUKE ENERGY PROGRESS INC	Corporate Bond Obligation	5/15/2042	100,000	99,504	108,299
	DUKE REALTY LP	Corporate Bond Obligation	4/15/2023	145,000	146,979	148,532
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2035	195,000	200,169	215,329
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2045	490,000	501,439	555,944
	EMERA US FINANCE LP	Corporate Bond Obligation	6/15/2046	230,000	251,728	251,809
	ENERGY TRANSFER LP	Corporate Bond Obligation	10/1/2043	115,000	122,153	122,271
	ENERGY TRANSFER LP	Corporate Bond Obligation	12/15/2045	220,000	230,329	238,902
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2047	300,000	298,066	297,678
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2035	330,000	329,373	326,433
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2045	320,000	312,035	311,152
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	415,000	413,419	451,744
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2025	255,000	258,675	262,931
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	5/15/2046	25,000	25,858	27,545
	EXELON CORP	Corporate Bond Obligation	4/1/2032	485,000	638,842	638,095
	EXELON GENERATION CO LLC	Corporate Bond Obligation	6/15/2042	135,000	145,306	148,023
	EXPRESS SCRIPTS HOLDING	Corporate Bond Obligation	7/15/2046	570,000	536,327	606,360
	EXPRESS SCRIPTS HOLDING	Corporate Bond Obligation	3/1/2027	140,000	130,963	137,383
	FIRSTENERGY CORP	Corporate Bond Obligation	7/15/2047	130,000	129,180	145,079
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	2/1/2038	305,000	389,573	407,678
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2044	315,000	313,960	344,427
	FORD MOTOR COMPANY	Corporate Bond Obligation	12/8/2046	140,000	140,000	152,349
	FORD MOTOR COMPANY	Corporate Bond Obligation	7/16/2031	810,000	1,027,352	1,058,840
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	2,071,000	2,127,801	2,241,360
	GENERAL ELECTRIC CO	Corporate Bond Obligation	3/15/2032	392,000	479,881	536,993
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/10/2039	300,000	401,330	432,297

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2038	345,000	346,695	367,822
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2036	675,000	771,264	822,413
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	85,000	94,699	100,680
	GEORGIA POWER COMPANY	Corporate Bond Obligation	3/15/2042	250,000	254,623	265,815
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	310,000	322,456	358,589
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2036	135,000	129,600	142,821
	GILEAD SCIENCES INC	Corporate Bond Obligation	2/1/2045	80,000	79,420	88,914
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2035	320,000	332,330	360,566
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/15/2033	675,000	780,018	860,328
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/21/2045	105,000	109,866	120,278
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/8/2044	300,000	317,873	342,168
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/1/2041	450,000	577,469	606,420
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	135,000	134,122	156,553
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/31/2038	165,000	165,000	169,684
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	11/16/2026	400,000	394,645	402,340
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	190,000	215,994	254,341
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2045	680,000	732,975	780,885
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2035	320,000	344,093	358,989
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	4/15/2043	200,000	203,262	214,328
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	3/30/2040	490,000	606,524	681,590
	HOMEDEPOT INC	Corporate Bond Obligation	6/15/2047	150,000	154,773	158,190
	HOMEDEPOT INC	Corporate Bond Obligation	3/15/2045	115,000	113,214	130,233
	HOMEDEPOT INC	Corporate Bond Obligation	4/1/2046	205,000	204,485	228,944
	HSBC BANK USA NA	Corporate Bond Obligation	1/15/2039	165,000	219,744	243,797
	HSBC BANK USA NA	Corporate Bond Obligation	8/15/2035	350,000	410,990	441,133
	HSBC HOLDINGS PLC	Corporate Bond Obligation	3/13/2028	80,000	80,000	83,371
	HUMANA INC	Corporate Bond Obligation	10/1/2044	110,000	115,828	126,695
	HUMANA INC	Corporate Bond Obligation	12/1/2042	40,000	43,048	43,645
	INTEL CORP	Corporate Bond Obligation	12/15/2032	50,000	49,558	55,020
	INTEL CORP	Corporate Bond Obligation	12/8/2047	808,000	806,764	839,059
	INTERNATIONAL PAPER CO	Corporate Bond Obligation	5/15/2046	210,000	223,027	243,184
	INTERNATIONAL PAPER CO	Corporate Bond Obligation	8/15/2047	45,000	43,128	47,023
	INTESA SANPAOLO SPA	Corporate Bond Obligation	7/14/2027	310,000	309,337	309,854
	JOHNSON CONTROLS INTL PL	Corporate Bond Obligation	7/2/2064	500,000	516,380	550,780
	JPMORGAN CHASE + CO	Corporate Bond Obligation	8/16/2043	195,000	193,522	242,102
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/15/2048	115,000	115,002	118,741
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/22/2048	75,000	78,483	81,177
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2048	295,000	298,175	307,653
	JPMORGAN CHASE + CO	Corporate Bond Obligation	5/15/2038	320,000	401,870	440,301
	JPMORGAN CHASE + CO	Corporate Bond Obligation	6/15/2026	95,000	91,753	94,949
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/1/2026	110,000	107,270	110,867
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/1/2028	555,000	560,357	575,119
	JPMORGAN CHASE + CO	Corporate Bond Obligation	12/1/2027	195,000	187,395	197,102
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	5/1/2047	130,000	139,042	140,470
	KENTUCKY UTILITIES CO	Corporate Bond Obligation	1/1/2040	18,000	20,929	22,210
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/15/2038	370,000	450,727	460,039
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/1/2042	60,000	57,429	58,085
	KINDER MORGAN ENER PART	Corporate Bond Obligation	8/15/2042	35,000	34,762	35,518
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	6/1/2045	245,000	261,148	268,125
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	1/15/2032	815,000	1,022,110	1,052,450
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	6/1/2046	770,000	720,666	762,723
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2035	390,000	407,279	425,790
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/1/2042	350,000	378,183	467,036
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	3/15/2035	35,000	41,981	45,227
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	285,000	304,525	325,775
	LOWE S COS INC	Corporate Bond Obligation	9/15/2045	205,000	212,015	226,580
	MARATHON OIL CORP	Corporate Bond Obligation	3/15/2032	90,000	106,764	109,505
	MARATHON OIL CORP	Corporate Bond Obligation	6/1/2045	200,000	204,540	221,678
	MARATHON OIL CORP	Corporate Bond Obligation	7/15/2027	135,000	135,934	141,084
	MASS INSTITUTE OF TECH	Corporate Bond Obligation	7/1/2111	390,000	491,069	538,504
	MCDONALD S CORP	Corporate Bond Obligation	7/15/2040	335,000	352,581	386,272
	MCDONALD S CORP	Corporate Bond Obligation	5/26/2045	380,000	385,609	424,201
	MCKESSON CORP	Corporate Bond Obligation	3/1/2041	100,000	129,701	122,155
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2045	740,000	845,923	862,137
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2035	365,000	381,827	411,468

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	MERCK + CO INC	Corporate Bond Obligation	9/15/2042	155,000	145,516	158,238
	MERCK + CO INC	Corporate Bond Obligation	2/10/2045	290,000	274,749	302,743
	METLIFE INC	Corporate Bond Obligation	6/15/2034	335,000	423,028	455,178
	METLIFE INC	Corporate Bond Obligation	3/1/2045	215,000	211,260	225,481
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	825,000	811,697	858,379
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2055	675,000	670,529	722,135
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	160,000	159,381	164,958
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2046	670,000	670,790	698,482
	MICROSOFT CORP	Corporate Bond Obligation	2/6/2037	890,000	898,662	993,694
	MOLSON COORS BREWING CO	Corporate Bond Obligation	7/15/2046	155,000	145,092	157,948
	MOLSON COORS BREWING CO	Corporate Bond Obligation	7/15/2026	280,000	263,511	274,058
	MONONGAHELA POWER CO	Corporate Bond Obligation	12/15/2043	550,000	646,729	684,733
	MORGAN STANLEY	Corporate Bond Obligation	7/27/2026	180,000	170,296	177,539
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2028	50,000	50,433	50,460
	MORGAN STANLEY	Corporate Bond Obligation	7/23/2025	425,000	433,050	444,996
	MORGAN STANLEY	Corporate Bond Obligation	1/20/2027	185,000	182,649	189,338
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	630,000	820,974	875,920
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2038	270,000	270,000	279,582
	MORGAN STANLEY	Corporate Bond Obligation	1/27/2045	140,000	137,420	151,001
	MPLX LP	Corporate Bond Obligation	3/1/2047	155,000	154,539	170,102
	MYLAN NV	Corporate Bond Obligation	6/15/2046	280,000	266,897	306,799
	NATL RETAIL PROPERTIES	Corporate Bond Obligation	4/15/2023	185,000	185,427	185,921
	NBCUNIVERSAL MEDIA LLC	Corporate Bond Obligation	4/1/2041	350,000	416,955	456,218
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	205,000	275,813	289,985
	NEWMONT MINING CORP	Corporate Bond Obligation	10/1/2039	205,000	241,040	262,142
	NEWMONT MINING CORP	Corporate Bond Obligation	4/1/2035	400,000	432,008	484,704
	NISOURCE INC	Corporate Bond Obligation	5/15/2047	345,000	344,717	378,148
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2044	310,000	318,448	332,056
	NOBLE ENERGY INC	Corporate Bond Obligation	8/15/2047	190,000	194,033	203,330
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2043	65,000	68,834	71,939
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	170,000	169,606	189,530
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	8/15/2052	597,000	607,931	618,772
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	8/15/2042	285,000	262,901	282,062
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	6/1/2043	560,000	607,818	646,766
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	10/15/2047	455,000	454,290	475,520
	NORTHWELL HEALTHCARE INC	Corporate Bond Obligation	11/1/2047	100,000	100,000	102,263
	NORTHWESTERN MUTUAL LIFE	Corporate Bond Obligation	9/30/2047	70,000	69,851	70,963
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	5/6/2044	665,000	711,843	762,429
	OGLETHORPE POWER CORP	Corporate Bond Obligation	9/1/2050	390,000	421,668	448,348
	OGLETHORPE POWER CORP	Corporate Bond Obligation	11/1/2040	115,000	129,285	136,334
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	1/15/2033	65,000	90,370	91,823
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	4/1/2045	370,000	353,032	381,670
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	6/1/2042	615,000	727,957	773,651
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	12/1/2041	290,000	312,571	335,188
	ORACLE CORP	Corporate Bond Obligation	11/15/2037	210,000	209,210	220,242
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	385,000	393,343	415,238
	ORACLE CORP	Corporate Bond Obligation	7/8/2039	450,000	577,100	617,994
	ORACLE CORP	Corporate Bond Obligation	11/15/2047	405,000	403,101	431,276
	ORANGES A	Corporate Bond Obligation	1/13/2042	280,000	316,271	337,767
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	12/1/2047	295,000	293,714	293,197
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/1/2034	345,000	433,824	434,852
	PACIFICORP	Corporate Bond Obligation	10/15/2037	50,000	66,780	68,325
	PACIFICORP	Corporate Bond Obligation	1/15/2039	255,000	308,207	342,661
	PEPSICO INC	Corporate Bond Obligation	8/13/2042	345,000	322,458	345,586
	PETROLEOS MEXICANOS	Corporate Bond Obligation	1/23/2045	380,000	336,996	382,033
	PETROLEOS MEXICANOS	Corporate Bond Obligation	3/13/2027	250,000	250,254	273,250
	PETROLEOS MEXICANOS	Corporate Bond Obligation	9/21/2047	1,310,000	1,258,258	1,367,444
	PETROLEOS MEXICANOS	Corporate Bond Obligation	6/27/2044	200,000	163,500	183,992
	PFIZER INC	Corporate Bond Obligation	12/15/2046	525,000	526,496	582,818
	PFIZER INC	Corporate Bond Obligation	12/15/2036	315,000	319,108	345,076
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	8/21/2042	440,000	408,505	438,803
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/15/2043	325,000	346,938	371,209
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	340,000	330,470	349,653
	PHILLIPS 66	Corporate Bond Obligation	5/1/2042	80,000	79,978	101,816
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	212,300	235,565

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	260,000	349,747	360,162
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	3/15/2043	200,000	204,112	218,066
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	310,000	308,035	368,866
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2049	277,000	273,270	283,208
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	100,000	115,147	116,344
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	3/15/2043	330,000	327,476	343,764
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	525,000	519,540	519,078
	QUALCOMM INC	Corporate Bond Obligation	5/20/2047	245,000	244,961	246,815
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/15/2045	360,000	426,757	449,557
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	9/15/2043	135,000	164,358	173,516
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	235,000	233,193	271,404
	ROHM + HAAS CO	Corporate Bond Obligation	7/15/2029	685,000	935,717	939,656
	SANTANDER UK GROUP HLDGS	Corporate Bond Obligation	11/3/2028	200,000	200,000	200,464
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	235,000	231,326	250,287
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	335,000	442,517	467,034
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	400,000	402,037	436,344
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	9/12/2046	260,000	250,332	265,179
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	8/21/2042	45,000	40,674	44,429
	SHIRE ACQ INV IRELAND DA	Corporate Bond Obligation	9/23/2026	575,000	533,324	562,206
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	10/1/2044	20,000	19,882	20,870
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	2/1/2040	75,000	102,125	104,606
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	240,000	238,082	269,280
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	6/1/2065	605,000	664,728	692,241
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	200,000	204,444	225,302
	SOUTHERN CAL EDISON	Corporate Bond Obligation	1/15/2034	20,000	24,778	25,759
	SOUTHERN COPPER CORP	Corporate Bond Obligation	4/23/2045	230,000	233,303	277,803
	SPECTRA ENERGY PARTNERS	Corporate Bond Obligation	3/15/2045	145,000	139,064	149,514
	STATOIL ASA	Corporate Bond Obligation	12/1/2028	150,000	192,611	193,019
	SUNCOR ENERGY INC	Corporate Bond Obligation	5/15/2038	255,000	326,331	351,449
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	4/1/2044	65,000	64,151	64,149
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	5/15/2045	635,000	641,553	631,006
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	10/1/2047	200,000	199,811	201,350
	SYNCHRONY FINANCIAL	Corporate Bond Obligation	12/1/2027	255,000	254,271	253,926
	TARGET CORP	Corporate Bond Obligation	7/1/2042	350,000	342,601	362,114
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	12/16/2039	18,000	23,198	25,431
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	9/15/2044	455,000	484,905	520,465
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	5/15/2047	545,000	543,896	576,359
	TELEFONICA EMISIONES SAU	Corporate Bond Obligation	3/8/2047	575,000	575,000	652,539
	TENNESSEE GAS PIPELINE	Corporate Bond Obligation	10/15/2028	325,000	387,523	393,803
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	180,000	197,754	195,298
	TIME WARNER CABLE LLC	Corporate Bond Obligation	5/1/2037	165,000	189,078	194,052
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	405,000	534,723	485,951
	TIME WARNER CABLE LLC	Corporate Bond Obligation	7/1/2038	170,000	210,443	213,088
	TIME WARNER INC	Corporate Bond Obligation	7/15/2045	940,000	933,135	987,216
	TRANSCANADA PIPELINES	Corporate Bond Obligation	3/1/2034	435,000	439,941	485,712
	TRANSCONT GAS PIPE LINE	Corporate Bond Obligation	8/15/2041	500,000	537,250	587,055
	TRAVELERS COS INC	Corporate Bond Obligation	5/15/2046	130,000	129,095	132,651
	TRAVELERS COS INC	Corporate Bond Obligation	5/30/2047	115,000	119,363	122,457
	UBS GROUP FUNDING SWITZE	Corporate Bond Obligation	3/23/2028	340,000	341,116	358,255
	UNILEVER CAPITAL CORP	Corporate Bond Obligation	11/15/2032	415,000	537,649	540,380
	UNION ELECTRIC CO	Corporate Bond Obligation	9/15/2042	465,000	462,652	494,095
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	370,000	371,487	377,248
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	6/1/2042	505,000	519,529	559,727
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/15/2045	335,000	334,538	356,862
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	11/15/2041	275,000	288,698	313,767
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2047	235,000	232,829	239,763
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	7/15/2035	240,000	260,969	279,499
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2042	25,000	24,533	25,986
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/10/2033	910,000	907,434	954,435
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2041	725,000	789,323	739,109
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/21/2054	408,000	410,087	417,788
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2048	929,000	926,583	914,740
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/15/2055	923,000	891,433	891,101
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/16/2037	565,000	560,649	621,319
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	4/15/2049	100,000	97,900	104,879

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	VIACOM INC	Corporate Bond Obligation	9/1/2043	840,000	897,644	869,165
	VIACOM INC	Corporate Bond Obligation	4/30/2036	100,000	107,454	113,466
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	11/30/2037	110,000	130,424	151,638
	VISA INC	Corporate Bond Obligation	12/14/2045	575,000	592,557	654,310
	WALGREENS BOOTS ALLIANCE	Corporate Bond Obligation	11/18/2034	170,000	170,580	177,509
	WEA FINANCE LLC/WESTFIEL	Corporate Bond Obligation	9/17/2044	380,000	372,805	414,303
	WELLS FARGO + COMPANY	Corporate Bond Obligation	12/7/2046	755,000	790,279	843,818
	WELLS FARGO + COMPANY	Corporate Bond Obligation	11/2/2043	510,000	586,855	607,303
	WELLS FARGO + COMPANY	Corporate Bond Obligation	5/1/2045	85,000	80,325	88,165
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	250,000	262,215	320,598
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	900,000	1,114,430	1,255,302
	WELLTOWER INC	Corporate Bond Obligation	4/1/2026	215,000	221,648	225,079
	WILLIAMS PARTNERS LP	Corporate Bond Obligation	9/15/2045	385,000	401,110	423,411
	WILLIAMS PARTNERS LP	Corporate Bond Obligation	11/15/2043	45,000	49,375	53,005
	WILLIAMS PARTNERS LP	Corporate Bond Obligation	1/15/2045	120,000	117,187	127,304
					121,392,218	128,616,707
	ASHOKA OFFSHORE FD LP	Limited Partnership		30,000	3,000,000	4,133,161
	CANYON VALUE REALIZATION FUND	Limited Partnership		1,213	10,000,000	11,367,412
	CHATHAM HIGH YIELD OFFSHORE	Limited Partnership		30,723	10,000,000	11,575,116
	DGV ENHANCED U.S EQUITY	Limited Partnership		16,000,000	16,000,000	16,816,464
	DISCOVERY GLOBAL OPPTY FD LTD	Limited Partnership		3,260	2,966,056	2,916,415
	FIR TREE INTL VALUE FUND	Limited Partnership		684,750	739,558	718,750
	INDEPENDENT FRAN PRTS GL EQTY	Limited Partnership		34,300,000	34,154,235	42,082,670
	PERSHING SQUARE INTL LTD	Limited Partnership		2,756	9,982,254	7,493,056
	RIMROCK HIGH INC PLUS CAYMAN	Limited Partnership		37,339	10,000,000	10,525,014
	SANDS CAPTL EMG MKT GTH FEEDER	Limited Partnership		12,403,196	12,403,285	14,059,978
	SF GLOBAL EMERGING MARKETS EQU	Limited Partnership		973,128	12,400,000	13,999,286
					121,645,388	135,687,322
Total					\$ 602,402,783	\$ 690,975,919

* A party in interest as defined by ERISA

Schedule SB Attachment (Form 5500)—2017 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the Optional Payment Form Election for Terminated Vested Cash Balance participants from 100% immediate lump sum to 100% deferred to age 55 lump sum.

The non-prescribed change was made to better reflect the anticipated plan experience. This change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.